INVEST IN YOUR FUTURE: JOIN PCA NOW!

For less than $1.75 a day, you will **NEVER** face reimbursement, legislative, and administrative challenges **ALONE**.

MEMBERSHIP APPLICATION

Please Circle One: Dr. Mr. Ms. Full Name: _____

Practice Name: _____

(If registering as a Group Member, the GROUP practice name is required)

Primary Practice Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (____)_____ Fax: (____)_____ Email:_____

For GROUP Member , indicate the primary member's full name: _____

Were you a previous PCA Member? ❑NO ❑Yes **Referred By:** _____

(Must be completed at the time of submission. NO EXCEPTIONS!)

Chiropractic College: _____ Graduation Date: _____

PA License #: _____ Date PA License issued: _____ _

*By signing, I agree to abide by charter provisions and bylaws of the Pennsylvania Chiropractic Association during my membership. *Signature _____

MEMBERSHIP TYPE

Please check the box that applies:

TYPE	PAYMENT
❑Student	FREE
❑Retired (Annual)	$30
❑Regular Monthly Member (recurring charge)	$50
❑Regular Member (Annual)	$600
❑1st Year License Member (Annual)	$72
❑Non-Resident Member (Annual)	$100
❑2nd Year License Member (Annual)	$150
❑3rd Year License Member (Annual)	$300

TYPE	PAYMENT
❑Group Associate Member (Annual)	$200
❑Semi-Retired (Annual) (Semi-retired works less than 15 hrs./wk.)	$300
❑Premier Member (Annual)	$1200

New in 2018! This membership includes Convention registration, Annual dues, up to 12 CEs, Act31, access to the State of the Profession phone call with the Executive Committee plus all the benefits of Regular membership!

†Dues are prorated after February 1st. Call for exact rates.

❑ ***Yes, Send me the link for FREE REGISTRATION with ECAIPN/SecureCare***

PAYMENT INFORMATION

❑My check is enclosed in the amount of $_____ Check #_____

❑Please bill my credit card: ❑Visa ❑MasterCard ❑Discover

❑Credit Card# _____ Exp. Date____/____ Validation Code: _____

Name on Card: _____ Card Zip Code, if different from above: _____

Signature: _____

Make check payable and mail to:
Pennsylvania Chiropractic Association
1335 North Front Street
Harrisburg, PA 17102

If paying by credit card, you may fax application to: **717-232-8368.** *If faxing application, please call 717-232-5762 or email pca@pennchiro.org to confirm receipt.

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