

Montana Chiropractic Association
Membership Application

Name _____ MT License # _____

Practice Name _____

Office Address _____ City, State, Zip _____

Office Phone _____ Fax _____ E-Mail _____

Mailing Address (if different) _____

Second Office Location _____ -- _____

Chiropractic College _____ Graduation Date _____

Advanced Degrees, Designations, Certifications _____

Have you ever had a complaint filed against you? ___YES ___NO (If "YES", complete next line)
Explain in detail final resolution, disciplinary action taken, or other information on conclusion of complaint

Other state licenses (include license #) _____

Home address _____ City, State, Zip _____

Spouse Name _____ Home Phone _____

I declare that I will comply with the Bylaws and the Code of Ethics of the MCA. When accepted for membership, I will use my best efforts to support m fellow practitioners and the objectives of the Montana Chiropractic Association.

Signature _____ Date _____

CIRCLE TYPE OF MEMBERSHIP

- A. Active – Full Membership \$450
- B. Husband/Wife \$625
- C. Part-time Practice (1-2 days) \$175
- D. Just graduated/Student \$ 75
- E. 1st Year Member \$100
- F. 2nd Year Member \$200
- G. 3rd Year Member \$300
- H. 4th Year Member \$400
- I. Retired/Inactive \$ 50
- J. Out-of-state \$ 50
- K. Associate/Individual \$ 50
- L. Associate/Business/Corporate \$100

MAIL APPLICATION & FEE TO:
Montana Chiropractic Association
PO Box 4908
Helena, Montana 59604
406-442-7275

Installment payment of dues available;
please request payment authorization form

Payment Method: ___Check ___Visa ___Mastercard Amount Paid _____

Credit Card # _____ Expiration Date _____

Signature _____

(\$5.00 service charge for each credit card or installment payment)