



# Oregon Chiropractic Association

## Application for Affiliate Membership

### Please Indicate your Membership Preferences:

	<b>Diamond Affiliate</b>	<b>= \$ 5000.00/year</b>
	<b>Platinum Affiliate</b>	<b>= \$ 2500.00/year</b>
	<b>Gold Affiliate</b>	<b>= \$ 1500.00/year</b>
	<b>Silver Affiliate</b>	<b>= \$ 1000.00/year</b>
	<b>Bronze Affiliate</b>	<b>= \$ 500.00/year</b>

### Affiliate Information: (Affiliate Memberships automatically renew annually)

Affiliate Name:		Representative Name:	
Address:	City	State	Zip code:
Phone: (     )     -	Email:		
Fax: (     )     -			
Years in Business:	Types of Product(s):		

### Payment Method: Please select your preferred method of payment

Check:		Visa:		MasterCard:		Amex:		Discover:	
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### Credit Card Payment Information:

Card #:		Exp. Date:		V-Code:	
Full Name on Card:				Authorized Amount:	
Billing Zip Code:			Phone:		
Cardholder's Signature:					

**Mail check or money order payable to: OCA, 10570 SE Washington St., Suite 210, Portland, OR 97216**