Oregon Chiropractic Association: Application for Membership

I hereby apply for a membership in the **"Oregon Chiropractic Association" (OCA),** a professional association. I understand that this association is a membership based association that functions as a 501(c)(6) that has an established set of "Bylaws" and a "Mission Statement". I further understand that there are dues associated with this membership**. I understand that my application is subject to approval and that I will be notified of my acceptance within 30 days.** I understand that upon my acceptance, I will have dues billed as marked below and that membership requires the dues to be paid in a timely manner in order to keep my membership in good standing. ***I agree that if I should decide to resign, I will do so in writing with 30 days notice to the OCA and that resignation will be sent certified mail to the OCA office (shown below or as is current at that time).*** I agree that any dues through that date remain my responsibility through the month of the receipt of my resignation by the OCA and will be paid. I further understand that membership renews automatically each year and no other application will be needed annually once membership has been approved. Fee increases will automatically apply for those members whose fee structure increases year to year. I have enclosed the appropriate monthly, quarterly, or annual dues payment or given my credit card number (below) for processing. Monthly billing will only be processed with credit card being furnished (for automatic processing each month) and quarterly or annual dues may choose either automatic credit card or payments by mail.

Membership Dues (Please indicate your member & billing choices) **Dues** **$ paid/ $ charge amount**

_____ Platinum Member $1000/yr $_____
_____ $ 83.50 monthly *auto cc only* _____ $250.00 quarterly ____auto cc _____ $1000.00 annually ____ auto cc

_____ Full Member (6 or more years in practice) $800/yr $_____
_____ $ 67 monthly *auto cc only* _____ $200.00 quarterly ____ auto cc _____ $800.00 annually ____auto cc

_____ Member (Senior Active – 60 + years old & 25 + yrs in practice) $400/yr **- 600/year = Platinum-SR** $_____
_____ $35/$50 monthly *auto cc only* _____ $100/$150 quarterly ____ auto cc _____ $400 or $600 annually ____auto cc
_____ Year 1 ___ $60 yr or ___$15 quarterly **–** ** THIS RATE IS FOR PREVIOUS STUDENT MEMBERS ONLY****
_____ Year 1 ___$100 yr or ___$25 quarterly – ****THIS RATE IS FOR NON PREVIOUS STUDENT MEMBERS**** Lic year _____
_____ Year 2 _____ $100 annually or _____ $25 quarterly (no monthly dues available) Licensure year _____
_____ Year 3 _____ $200 annually or _____ $50 quarterly or _____ $17 monthly (w/cc on file) Licensure year _____
_____ Year 4 _____ $300 annually or _____ $75 quarterly or _____ $25 monthly (w/cc on file) Licensure year _____
_____ Year 5 _____ $400 annually or _____ $100 quarterly or _____ $35 monthly (w/cc on file Licensure year _____

****** _____ MAKE MY MEMBERSHIP PLATINUM (YEAR 1-5 & SENIORS = CAN BECOME PLATINUM BY ADDING $200 ANNUALLY)**

SPECIAL:
_____ Inactive (Retired DC's only) $100 annually (only) $ _____
_____Student Membership (projection of graduation year -- _____) Fee waived

Name: _____ Clinic Name: _____

Clinic Address: _____ City: _____ Zip code: _____

Office phone #:_____ Fax #:_____ Other # *(Required)*: _____

Home Address: _____

E-Mail: _____ Would you prefer to receive your newsletter electronically? Yes No

Chiropractic College: _____ Year of Graduation: _____Oregon Lic#: _____

Recommended by: _____ Date of Birth: _____

Payment: _____Check Enclosed _____Visa _____MC _____ Amex ____Discover
(Please be sure to check above if you wish to be set-up for auto CC. You will be mailed a receipt after processing – monthly or quarterly, done on the 5th of the month)

Card #: _____ - _____ - _____ - _____ Exp: _____ Code (on back of card): _____

Name on CC: _____ Billing Zip code: _____

I acknowledge that I have reviewed the **OCA "Mission Statement", "Code of Ethics" and "Policy Statement(s)"** that have been adopted by the OCA membership affective June 20, 2013 and have **initialed** next to each item listed below. I understand these are part of my membership application & agreement should my membership be accepted.

_____ I have read and accept the OCA "MISSION STATEMENT", Purpose, Philosophy & Vision. _____ I agree and accept the OCA "Code of Ethics"
_____ I agree and accept the OCA "POLICY STATEMENT(S)"

I also agree that the "OCA" can bill my credit card for the membership dues indicated above. I have also read the paragraphs above on this membership application form and accept & acknowledge those by my signature below.

Signature of Applicant: _____Date: _____

Return Completed Application to: OREGON CHIROPRACTIC ASSOCIATION 10570 SE Washington St. Suite 210 Portland, OR 97216
Or Fax to (503) 256-1602 Email: info@OCAnow.com