



# Membership Application

e: tca@chirotxas.org  
p: (512) 477-9292  
f: (512) 477-9296

Name (As on Driver's License) \_\_\_\_\_

TBCE License # \_\_\_\_\_ TX License Date \_\_\_\_/\_\_\_\_/\_\_\_\_ TX Practice Begin Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic/Primary Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Clinic/Primary Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Preferred Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Practice Specialties/Board Specialty Areas \_\_\_\_\_

Chiropractic School \_\_\_\_\_ Graduation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Regular 1-Year Membership</b>	\$600 - Billed Annually	\$150 - Billed Quarterly	\$50 - Billed Monthly
<b>1st -Year Licensee</b>	Free Until Next Annual Billing Cycle		
<b>2nd-Year Licensee</b>	\$150 - Billed Annually	\$13 - Billed Monthly	
<b>3rd-Year Licensee</b>	\$300 - Billed Annually	\$25 - Billed Monthly	
<b>Non-DC Member (CA/Staff)</b>	\$100 - Billed Annually	<b>Friend of TCA (Patient/Supporter)</b>	\$100 - Billed Annually
<b>Retired</b>	\$65 - Billed Annually	<b>Associate Educator</b>	\$65 - Billed Annually
<b>Out of State (w/ TX License)</b>	\$65 - Billed Annually		

The Chiropractic Development Initiative (CDI) funds TCA's legislative, legal, and public relations efforts on behalf of the chiropractic profession in Texas.

I would like to contribute \$\_\_\_\_\_ to the TCA CDI Fund

Please earmark my contribution for Legal Defense Fund \$\_\_\_\_\_ PAC Contribution \$\_\_\_\_\_ Sponsor a Member \$\_\_\_\_\_

\*Note: Member dues payments and various fund contributions are NOT deductible as charitable contributions for federal income tax purposes, but MAY be deductible as ordinary business expenses, subject to IRS restrictions. To the extent that TCA engages in lobbying activities, a portion of dues is NOT deductible as an ordinary and necessary business expense. TCA estimates that 31% of your dues are not deductible. Please consult your tax advisor with questions  
\*TCA PAC contributions are NOT deductible. Current laws prohibit contributions to political action committees from corporations.

### AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS

I (We) authorize Texas Chiropractic Association, hereinafter called Company, to initiate debit entries to my credit card or bank account

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### THIS AUTHORITY MAY BE TERMINATED UPON 30 DAYS' WRITTEN NOTICE OF ITS TERMINATION TO/FROM ME or TCA

A customer has the right to stop payment of a debit entry by notification to BANK or CREDIT CARD prior to charging account. If an erroneous debit entry is initiated by Company to a customer's account, customer shall have the right to have the amount of such entry credited to such statement of account or a written notice pertaining to such entry,, the customer shall have sent to BANK or CREDIT CARD a written notice identifying such entry, state in that such entry was in error and requesting BANK or CREDIT CARD the the amount thereof to such account