



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 via certified mail, fax or e-mail to the OCA office (shown above or as is current at that time—with confirmation retained in case of any discrepancy in the process).** 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 —unless I wish to change membership type/level.

<u>Membership Dues (Please indicate your member level & billing choices)</u>	<u>Dues</u>	<u>\$ paid/ \$ charge amount</u>
_____ Diamond Member (Includes ALL Seminars, Webinars & Convention or 20 CE video/online hours)	\$1200/yr	\$ _____
_____ \$ 100.00 monthly <i>auto cc only</i> _____ \$300.00 quarterly _____ auto cc _____ \$1200.00 annually _____ auto cc		
_____ Platinum Member (Includes 20 CE hours – via convention, seminars, or 12 CE video/online hours)	\$1000/yr	\$ _____
_____ \$ 83.50 monthly <i>auto cc only</i> _____ \$250.00 quarterly _____ auto cc _____ \$1000.00 annually _____ auto cc		
_____ Full Member (Includes 16 CE hours – via convention, seminars, or 8 CE video/online hours)	\$800/yr	\$ _____
_____ \$ 67 monthly <i>auto cc only</i> _____ \$200.00 quarterly _____ auto cc _____ \$800.00 annually _____ auto cc		
_____ Senior Member (60+ years old) (Includes convention, seminars, or 6 CE video/online hours)	\$600/yr	\$ _____
_____ \$50 monthly <i>auto cc only</i> _____ \$150 quarterly _____ auto cc _____ \$600 annually _____ auto cc		+ _____
_____ <i>Senior Diamond level = ADD \$400 per year</i> _____ <i>Senior Platinum = ADD \$200 per year</i>		= \$ _____
_____ Junior DC Member (Years 2-5) (Includes 20 CE hrs – via convention, seminars, or 10 CE video/online hrs)	\$400/yr	\$ _____
_____ \$35 monthly <i>auto cc only</i> _____ \$100 quarterly _____ auto cc _____ \$400 annually _____ auto cc		+ _____
_____ <i>Junior DC Diamond level = ADD \$400 per year</i> _____ <i>Junior DC Platinum = ADD \$200 per year</i>		= \$ _____
_____ GAP Member - <i>Graduate’s Assist. Program</i> (Year 1 DCs) (Includes convention, live seminars, & webinars)	\$180/yr	\$ _____
_____ \$15 monthly <i>auto cc only</i> \$45 quarterly _____ auto cc _____ \$180 annually _____ auto cc		+ _____
_____ <i>GAP Diamond level = ADD \$400 per year</i> _____ <i>GAP Platinum = ADD \$200 per year</i>		= \$ _____
_____ Inactive Member (Retired) _____ \$25 quarterly _____ auto cc _____ \$100 annually _____ auto cc	\$100/yr	\$ _____
_____ Student Member: (PLEASE USE STUDENT APPLICATION FORM)		

Name: _____ DOB: _____ Clinic Name: _____

Clinic Address: _____ City: _____ Zip code: _____

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

Home Address: _____ Recommended by: _____

Professional E-Mail: _____ Website: _____ Contact E-mail: _____

Chiropractic College/Univ: _____ Year of Graduation: _____ Oregon Lic#: _____ Lic Year: _____

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 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 have read the paragraphs above on this membership application form and accept & acknowledge those by my signature below. (See next page for payment info)

Signature of Applicant: _____ Date: _____



PAYMENT INFORMATION:

Member Name: _____

Payment: _____ Check Enclosed _____ Visa _____ MC _____ Amex _____ Discover

Card #: _____ - _____ - _____ - _____ Exp: _____ V Code: _____

Name on CC: _____ Billing Zip code: _____

(Please indicate if you wish to be set-up for auto CC on Page 1)

You will be emailed a receipt after each auto-debit credit card processing:

Annual debits are processed upon application approval and then on the "anniversary month" of your OCA membership each year after

Quarterly debits are processed on the 3rd day of each new quarter: January – April – July – October

Monthly debits are processed on the 5th day of each month

If credit card auto debit was selected --- Please indicate the preferred E-mail for receipts: _____

I agree that the "OCA" can bill my credit card for the membership dues as indicated on the page 1 of this membership application.

Signature of card holder: _____ Date: _____