



Membership Application

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

Name (As on TBCE License) _____

TBCE License # _____ TX License Date ____/____/____ Chiropractic School _____ Graduation Date ____/____/____

Clinic Name _____

Clinic/Primary Address _____ City _____ ST _____ Zip _____

Clinic/Primary Phone _____ Mobile _____ Fax _____

Primary Email _____ Clinic Website _____

Home Address _____

City _____ ST _____ Zip _____ Personal Email _____

Regular 1-Year Membership	\$600 - Billed Annually	\$150 - Billed Quarterly	\$50 - Billed Monthly
Enhance Regular Membership	\$100 Billed Annually		
1st-Year Licensee	\$25 - Billed Annually		
2nd-Year Licensee	\$150 - Billed Annually	\$13 - Billed Monthly	
3rd-Year Licensee	\$300 - Billed Annually	\$25 - Billed Monthly	
CA or Staff/Friend of TCA(patient/supporter)/Out-of-state DC (does not hold a Texas license)			\$100 - Billed Annually
Premium Membership (includes 1 TCA Conference)	\$850 - Billed Annually	\$215 - Billed Quarterly	
Elite Membership (includes ALL TCA Conferences)	\$1,200 - Billed Annually	\$300 - Billed Quarterly	
Retired/Associate Educator	\$65 - Billed Annually		

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 68% of your dues are deductible. Please consult your tax advisor.

The Chiropractic Development Initiative (CDI) funds TCA's legislative, legal, and public relations efforts.

I would like to contribute \$ _____ One-time Monthly

TCA CDI/Legal Fund \$ _____ *PAC Contribution \$ _____

*TCA Political Action Committee contributions are NOT tax deductible. Current laws prohibit contributions to PACs from corporations.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS

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

Bank Routing Number _____

Bank Account Number _____

Credit Card Number _____

Credit Card Expiration Date _____ CWV _____

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

Need Assistance? Call the TCA office at (512) 477-9292 or email tca@chirotxas.org Fax forms to: (512) 477-9296