



# Elite Membership

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1122 Colorado St., Suite 307, Austin, TX 78701

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

Clinic/Practice Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Chiro. College \_\_\_\_\_ Grad Date \_\_\_\_\_ License Date \_\_\_\_\_

**Please select the events you plan to attend. You may chose one or all.**

<b>HIPAA Workshop</b> (6 CE)	January 30, 2021	Virtual
<b>Texas Winter Conference</b> (16 CE)	March 5-14, 2021	Virtual
<b>Chiro Texpo '21</b> (16 CE)	June 11-13, 2021	Allen, TX

I would like to make a contribution to the CDI\* Fund for \$ \_\_\_\_\_

*Once                      Monthly                      Annually*

\*The Chiropractic Development Initiative (CDI) is committed to positively affecting changes in statute, regulation, government and public perception of chiropractic care.

Payment Information	
Pay in Full \$1,200	Pay Quarterly \$300
CC# _____	
Exp _____	CVV# _____
Name on Card _____	
Check is enclosed	
<small>*Elite Membership is for one year and must be paid for 12 full months. If the membership is canceled or becomes delinquent, the remaining balance will be due in full. I have read this and agree to pay for 12 months. Please initial here _____</small>	

## ELITE MEMBERSHIP

\$1,200/Year  
or  
\$300/Quarterly

Membership includes all of the events listed above, enhanced webiste listing and more.

Save money and sign up today!