



Premium Membership

Phone: 512-477-9292 Fax: 512-477-9296

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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 conference (1) you plan to attend (16 CE hours each).

TCA Winter Conference March 6-14, 2021 Virtual

Chiro Texpo '21 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 \$850 | Pay Quarterly \$215 |
| CC# _____ | |
| Exp _____ | CVV# _____ |
| Name on Card _____ | |
| Check is enclosed | |
| <small>*Premium 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.</small> | |
| Please initial here _____ | |

PREMIUM MEMBERSHIP
Includes:
Registration to ONE TCA conference per year
\$850/Year
or
\$215/Quarterly
Save money and sign up today!