



AFFILIATE MEMBER APPLICATION

Please complete and return to:
1122 Colorado Street, Ste 307, Austin, TX 78731
Fax: 512.477.9296 | info@chirotxas.org

COMPANY INFORMATION

Name: _____ Date: _____

Product/Service Description: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Employee Contact #1 Name: _____

Email: _____ Direct Phone: _____

Employee Contact #2 Name: _____

Email: _____ Direct Phone: _____

AFFILIATE MEMBERSHIP ANNUAL DUES: \$1,500

Membership includes:

- Company logo with hyperlink listed on TCA Affiliate Members webpage
- List of TCA members (names, addresses only) two (2) times per year
- First referrals to TCA members
- Featured TCA Partner one (1) time per year in **Texas Chiropractic eSource** electronic newsletter, including a 250-word description of your company for publication
- Featured annual listing via TCA's social media channels (Facebook, Twitter, Instagram, LinkedIn)
- Provide informational piece (provided by your company) inserted in TCA new member packet
- Discounted exhibitor pricing at TCA events

PAYMENT OPTIONS

Credit Card (Designate Below)

Check - Check Number: _____

AUTHORIZATION AGREEMENT

I (We), authorize the Texas Chiropractic Association (TCA), to initiate this debit entry to my credit card.

Authorized Signature: _____

Print Name on Credit Card: _____

Card Number: _____ Exp (MM/YY): _____ CCV: _____

MEMBERSHIP AGREEMENT: *I understand I am entering into a one-year Affiliate membership agreement with the Texas Chiropractic Association. This agreement cannot be broken prior to one year and not without 30 days' written notice. By signing below, I agree to abide by the Texas Chiropractic Association bylaws, strive to attend TCA events and conferences and promptly inform the association of any changes in the above information. I understand this membership must be paid in full at the start of the membership agreement.*

Signature: _____

Date: _____