

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

COMPANY INFORMATION

Credit Card (Designate Below) Check - Check Number:	Name:		Date:	
City: Zip Code: Website: Employee Contact #1 Name: Email: Direct Phone: Email: Direct Phone: Direct Phone: Email:	Product/Service Description:			
Website:	Office Address:			
Employee Contact #1 Name:	City:	State:	_ Zip Code	2:
Email:	Website:			
Employee Contact #2 Name:	Employee Contact #1 Name:			
Email:	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 PAYENENCE Credit Card (Designate Below) Check - Check Number:	Employee Contact #2 Name:			
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 <i>Texas Chiropractic eSource</i> 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:	Email:	Direct Phone:		
	 List of TCA members (names, address First referrals to TCA members Featured TCA Partner one (1) time provide description of your company for eatured annual listing via TCA's so Provide informational piece (provide) Discounted exhibitor pricing at TCA PAYMENT OPTIONS Credit Card (Designate Below) AUTHORIZATION AGREEMENT I (We), authorize the Texas Chiropractic Ass Authorized Signature:	esses only) two (2) times per year per year in Texas Chiropractic eSou or publication ocial media channels (Facebook, Twi ed by your company) inserted in TCA events Check - Check Number: sociation (TCA), to initiate this debit e	itter, Instagram, Li new member pac	nkedIn) ket
Card Number: Exp (MM/YY): CCV:				
	Card Number:	Exp (M	M/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 by laws, 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: