

Ohio State



Chiropractic Association

Payment Processing Center
Dept LB-09, PO Box 183027, Columbus, OH
43218-3027
Toll Free (800) 837-6721 - Fax (614) 229-5296

Affiliate Membership Application

January 1 – December 31, 2009

Contact Information

Contact Name:

Company Name:

Address:

Phone:

City & State:

*Fax:

Zip Code:

*E-Mail:

County:

Website:

**Fax and/or email will be used for member communications.*

Membership Categories

Affiliate/Vendor \$295

Describe Services/Products for Website Listing: _____

Payment Methods

Check enclosed for **FULL AMOUNT** made payable to the OSCA. **Reminder: No checks will be accepted for partial payment unless accompanied by a credit card for remaining payments.**

Charge my (please circle): VISA MasterCard American Express Discover

Charge entire amount now

Charge my account in 2 (now & July) equal payments - **add one-time \$5 service fee**

Charge my account in 4 (now, April, July & October) equal payments - **add one-time \$10 service fee**

If paying in installments, your card must not expire before 12/09.

Account Number: _____

Expiration Date: _____ Security Code: _____

Authorized Signature: _____

Address that Card is Issued to: _____

Membership Dues: \$ _____

Service Fee: \$ _____

Total Due: \$ _____

Payment of dues or other contributions to the Association are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary expenses to the extent not allocated to lobbying expenses. OSCA estimates that the non-deductible portion of your dues is 25%.