



**Montana Chiropractic Association**

1645 Parkhill Drive, Suite 6

Billings, MT 59102

406-256-1005

Fax: 406-256-0785

## **MEMBERSHIP APPLICATION**

Doctor's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name (front desk / office manager) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell (Doctor) \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

College Attended (full name, please) \_\_\_\_\_

Year Graduated \_\_\_\_\_ MT License # \_\_\_\_\_ Degrees / Certifications \_\_\_\_\_

Certified for Impaired Rating? Yes No Other Services: \_\_\_\_\_

Areas of Interest \_\_\_\_\_

**Please indicate with a "star" any item(s) above that you wish not be published. (such as personal cell#)**

**If you have additional doctors or locations, please copy this form  
and complete the information for each provider and site location.**

### **SELECT TYPE OF MEMBERSHIP**

1 <sup>st</sup> Year Licensed in Montana	Free	Husband &/Wife (\$337.50 each)	\$675	Inactive	\$100
2 <sup>nd</sup> Year Licensed in Montana	\$100	Part-time Practice (1-2 Days)	\$225	Non-Resident	\$100
3 <sup>rd</sup> Year Licensed in Montana	\$200	Retired	\$100	Associate / Individual	\$100
4 <sup>th</sup> Year Licensed in Montana	\$300	Active Full Membership	\$500	Associate / Business	\$150
5 <sup>th</sup> Year Licensed in Montana	\$400	Full Member Monthly-Auto Renew	\$41.67	Associate / Corporate	\$150

**METHOD OF PAYMENT: Make checks payable to Montana Chiropractic Association Thank you.**

\_\_\_\_\_ Check enclosed \_\_\_\_\_ Charge the full amount to my card \_\_\_\_\_ See my attached recurring charge authorization

Card # \_\_\_\_\_ Validation Code: \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Cardholder name (please print): \_\_\_\_\_

Cardholder Billing Address, City, Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_