



1335 North Front Street
Harrisburg, PA 17102
717-232-5762 voice
717-232-8368 fax
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pca@pennchiro.org

Increase YOUR Business with Access to 4,000+ Pennsylvania Chiropractors
JOIN PCA TODAY!

STRATEGIC BUSINESS PARTNER - \$1300 PER YEAR



- Exclusive access to sponsor the Board of Directors (in person) meetings which gives you the ability to speak directly to the Directors and Executive Team about your product/service so that they can promote your business to their districts' members.
- Discounted advertisement prices in our PCA Direct and Classified Ads
- PA State Board mailing list of all PA's 4000+ registered licensed DCs (mailing addresses only)
- Free marketing to PCA members: On Social Media and Email Blasts
- Business of the Month: every month we will highlight each of the SBPs with a full-page article on the company and explain what the company has to offer our members via S.M, email blast, and our website.
- First, exclusive, access to register as an Exhibitor and/or Sponsor at PCA Annual Convention, CE Seminars and any other event/meeting that PCA has.
- Your logo on our website and in our quarterly newsletter, PCA Direct
- Authorized use of the PCA Strategic Business Partner Seal (attached)

BUSINESS MEMBER - \$500 PER YEAR



- Placement of your logo/link on PCA's website
- PCA Members List (**MAILING ADDRESSES ONLY!**)
- Preferred sponsorship opportunities at Continuing Education seminars as well as Regional Conferences
- Discounted advertising opportunities for online and print communications.
- Authorized use of the PCA Business Member seal



APPLICATION FOR BUSINESS MEMBERSHIP

Date: _____

Referring PCA member: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Mobile: _____

Contact Person/Title: _____

Email: _____

Website: _____

Please provide a brief summary of the services or supplies offered by your company. The summary will be used on the PCA website, in PCA Direct, and as part of 2 formal announcement of your membership with PCA. (Please provide additional information, if necessary): _____

Please provide at least two quotations with attributes, preferably from your company leadership, for use in the introductory announcement and marketing by the PCA: _____

TYPE OF MEMBERSHIP (choose one)

- STRATEGIC BUSINESS PARTNER: \$1300/ YEAR**
- BUSINESS MEMBER: \$500/ YEAR**
- Please provide your company’s high-resolution logo for use on the PCA website and in the PCA Direct.
- Please provide your company’s website address for use on the website and in the PCA Direct.

PAYMENT OPTIONS

Enclosed is a check Check #: _____ Amount: \$ _____

Credit Card (please circle one) Visa MasterCard Discover Amount: \$ _____

Credit Card #: _____ Expiration Date: _____

Name as it appears on the card: _____ V-code: _____

Signature: _____ Date: _____

Make check payable and mail to:
Pennsylvania Chiropractic Association
1335 North Front Street
Harrisburg, PA 17102

If paying by credit card, you may fax application to 717-232-8368 or email to pca@pennchiro.org.
***If faxing application, please call 717-232-5762 or email pca@pennchiro.org to confirm receipt.**