



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.**