



Hawaii State Chiropractic Association

P.O. Box 22668 Honolulu, HI 96823-2668

ph: (808) 926-8883 fx: (808) 926-8884

www.HawaiiStateChiropracticAssociation.org

Membership Application

2018

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Last Name	First Name	Middle Initial	Date of Birth
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Business Name	T.I.N. Number
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Office Address	Phone Number	Fax Number
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City	State	Zip	E-mail Address	+	Web Address
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Home Address	Social Security Number
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City	State	Zip Code	Phone Number	Home Fax Number
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Chiropractic College	Year of Graduation
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Other Degrees Held /Where obtained

States Licensed to Practice & Date of Licensing

National Association Memberships	Are you in active Practice? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CHECK APPROPRIATE CATEGORY FOR MEMBERSHIP:

Yearly rates (effective 9/1/2001)

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | Student Member | \$100 |
| <input type="checkbox"/> | First Year HI Resident Doctor | \$300 |
| <input type="checkbox"/> | Second Year or Longer in Practice | \$600 |
| <input type="checkbox"/> | Retired – no longer in Practice | \$100 |
| <input type="checkbox"/> | Life-Time – over 65 & full dues member for last 2 yrs. | \$ 0 |
| <input type="checkbox"/> | Out of State Member ## | \$250 |
| <input type="checkbox"/> | Sustaining Member (corporate or business) ## | \$500 |
| <input type="checkbox"/> | Auxiliary Member (non-business) ## | \$ 35 |

For those who are NOT practicing in Hawaii, or non-Chiropractors who believe in the principles of the HSCA and desire to further support and promote it. These are non-voting memberships.

Please make checks payable to: **Hawaii State Chiropractic Association, Inc. OR call/fax credit card**

Applicant's Signature _____ Date _____

How to pay for your membership:

1. Mail this form with your check, money order or credit card information to the following:

Hawaii State Chiropractic Association, Inc.
P.O. Box 22668
Honolulu, HI 96823-2668

-OR-

BY FAX: Fax a copy of this application with your credit card information to: **(808) 926-8884**

2. Credit card information:

Card can be automatically billed, monthly, quarterly, or annually by filling in the following:

Type of card: VISA MASTERCARD AMEX

Name on Credit Card: _____

Card number: _____

Expiration Date: _____ CVV: _____

Card Billing Address: _____

Phone Number: _____

Email Address for Receipt: _____

3. Billing Status:

Please choose your preference for payment of membership dues:

Monthly
Auto-deduct
from card

Quarterly
Auto-deduct
from card

Annually
1 time payment
from card or check

100% OF YOUR MEMBERSHIP IS TAX DEDUCTIBLE
AS A BUSINESS EXPENSE