

Associate Business Membership Levels and Benefits



Benefit	Platinum (\$9,500)	Gold (\$4,500)	Silver (\$2,500)	Bronze (\$600)
Access to members-only listserv	•	•	•	•
Priority in MCA sponsorship proposal review	•	•	•	•
Priority in sponsorship opportunities (golf outing, convention, etc.)	•	•	•	•
Access to member-exclusive networking opportunities	•	•	•	•
Business listed in online ABM directory	•	•	•	•
Opportunity to sponsor an MCA district meeting	•	•	•	•
Receive MCA newsletter and other communication throughout the year	•	•	•	•
Opportunity to submit articles to the monthly newsletter	•	•	•	•
Opportunity to participate on a committee	•	•	•	•
Ad in monthly Email newsletter (1 per issue)	Body Ad	Sidebar Ad	50% off Ad rates	25% off Ad rates
Company name recognition in MCA emails	Logo*	Company Name	Company Name	
Listing on MCA website home page	Logo* and link	Name and link	Name and link	
Enhanced listing on each page of website	Static logo*	Static logo*	Scrolling logo*	
Emails sent to MCA members on your behalf	4 emails	2 emails	1 email	

*If there are more options/ads than the per issue maximum, company ads will be rotated per issue.

*For online use, logos must be submitted as high-resolution (300 dpi or greater) JPG or PNG file. You can upload your logo at http://www.mnchiro.com/submit_logo.

Associate Business Membership Membership Application



Full Name _____
 Organization _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____ Website _____

Products and Services _____
 Please provide a brief description of your company to be posted on our website (50 words maximum): _____

ABM Categories **Please check the one that best applies**

- | | | |
|--|--|--|
| <input type="radio"/> Banking | <input type="radio"/> Information Technology | <input type="radio"/> Publications |
| <input type="radio"/> Billing Services & Accounting | <input type="radio"/> Insurance Services | <input type="radio"/> Radiology |
| <input type="radio"/> Clinic Equipment & Supplies | <input type="radio"/> Law Offices | <input type="radio"/> Real Estate |
| <input type="radio"/> Consulting | <input type="radio"/> Marketing | <input type="radio"/> Specialty Clinics |
| <input type="radio"/> Electronic Management Services | <input type="radio"/> Nutrition | <input type="radio"/> Technology |
| <input type="radio"/> Health Care Education | <input type="radio"/> Practice Management | <input type="radio"/> Waste Management/Recycling |
| | | <input type="radio"/> Other: _____ |

ABM Level

- Platinum (\$9,500) Gold (\$4,500) Silver (\$2,500) Bronze (\$600)

Payment info

- Check (Payable to MCA) VISA MasterCard AMEX Discover

All credit card fields are required.

Card Number _____ Exp. date _____ Security code _____

Cardholder Name (print) _____ Cardholder Phone _____

Cardholder Signature _____

Credit Card Billing Address: Same as address above

Address _____ County _____

City _____ State _____ Zip _____

PCI Compliance: MCA will only accept this form via fax or mail. Emails with this completed form attached will not be accepted.

I hereby apply for Associate Business Membership in the Minnesota Chiropractic Association for the purpose of serving the whole chiropractic profession of the State of Minnesota and for the benefits I may receive from such a membership. I acknowledge and agree that the services my business provides are of value and use to the Chiropractic Profession specifically. Once approved as a member I agree to comply with the Bylaws and Code of Ethics of this Association and all present and future regulatory measures as set forth by the Association. I understand that as a business member of the MCA I will be held to a high standard of professionalism and agree to work with the association in regards to its initiatives. I also understand that to remain a member and receive membership benefits including all group insurance programs, discounts, and marketing program rights I must maintain my dues account as current. I relinquish all my membership benefits if my dues are thirty days past due.

Signature _____ Date _____

Send your completed registration form and payment to:
 MCA, ATTN: Jake Nelson • 1000 Westgate Drive, Suite 252
 St. Paul, MN 55114 • or fax to 651-290-2266
 Phone: 651-379-7304 • Email: jacobn@mnchiro.com

(For office use only)	
initials	fin.
date	
CK/CC	
amt. paid	
bal. due	