



416 W. Ionia St. • Lansing, Michigan 48933
www.chiromi.com • e-mail info@chiromi.com
(517) 367-2225, (800) 949-1401, Fax (517) 367-2228

MEMBERSHIP APPLICATION

MAC Mission: To improve the health and well being of the public by advancing and protecting the practice of chiropractic.

Purpose of the MAC: The purpose of the Michigan Association of Chiropractors is:

- To promote the Chiropractic profession as a distinct branch of the healing arts based on the body's inherent recuperative abilities and the role that vertebral subluxation plays in that process, and
- To advocate for Michigan Doctors of Chiropractic, chiropractic patients, and the chiropractic profession to the government, the public, the business community, and the community of third party payers.

PLEASE PRINT OR TYPE

Please fill out this application in its entirety for approval of the Board of Directors.

Date _____

Name _____ Birth Date _____ Male Female

Office Name _____

Office Address _____

City/State/ZIP _____ County _____

Home Address _____

City/State/ZIP _____

Phone Numbers: Office () _____ Home () _____ Fax () _____

Email Address _____ Web Site _____

Techniques Practiced _____

Chiropractic College _____ Graduation Date _____

Date of First Licensure _____ Date Licensed in Michigan _____ License Number _____

Membership Types and Fees

- | | | |
|---|--|--|
| <input type="checkbox"/> StudentFREE | <input type="checkbox"/> Century Club*\$1,200 | <input type="checkbox"/> Associate/Part time.....\$ 600
(15 hours or less/week) |
| <input type="checkbox"/> First year (of Michigan licensure)FREE | <input type="checkbox"/> Ambassadors Club*\$2,220 | <input type="checkbox"/> Semi-Retired\$ 200
(25 yrs in practice, 15 hrs or less/week) |
| <input type="checkbox"/> Second year (of Michigan licensure) \$ 360 | <input type="checkbox"/> Presidents Club*\$3,420 | <input type="checkbox"/> Retired\$ 50 |
| <input type="checkbox"/> Third year (of Michigan licensure) \$ 480 | <input type="checkbox"/> Spouse member TBD
(1/2 of primary member not to exceed \$600.00) | <input type="checkbox"/> Vendor member\$ 300 |
| <input type="checkbox"/> Fourth year+ (of Michigan licensure)..... \$ 720 | | |

*Century, Ambassadors and Presidents Clubs include two (2) free conventions/year, discounts on seminars, and more.
Please go to www.chiromi.com/member_benefits.htm for details, or call the MAC office.

Dues Payment Options:

- I have enclosed a check for my membership dues. Check# _____ Amount enclosed \$ _____
- Please bill my Credit Card:
- VISA Discover MasterCard AmEx Card # _____ Exp. Date _____
- Please set up my account for AUTOMATIC CREDIT CARD BILLING (must fill out the credit card information above).
- Annually; Semi-Annually; Quarterly; Monthly

I hereby attest to the accuracy of the foregoing information. I agree to abide by the By-laws and Code of Ethics of the MAC, and Chiropractic Statutes of Michigan. I understand that my failure to remit dues will result in suspension of all rights and privileges and will result in the loss of membership. Dues are paid in advance.

Signature _____ Date _____

MEMBERSHIP IS CONTINUOUS UNLESS CANCELLED

For Office Use ONLY

Date Approved _____ District # _____ Dues Received _____

PLEASE SEND YOUR FIRST QUARTER PAYMENT AND A PHOTOGRAPH WITH YOUR APPLICATION.