



P.C.C.S. 2017 Membership Invoice

January 1, 2017 thru December 31, 2017

Doctor's Name: _____

Please check one of the following:

- Annual Dues with a \$50 voluntary contribution to the PAC = \$225.00**
- Annual Dues = \$175.00
- 1st Year Licensed D.C. Annual Dues +\$50 contribution to the PAC = \$125.00
(Graduated in 2015)
- 1st Year Licensed D.C. Annual Dues = \$75.00
(Graduated in 2016)

Membership Due by January 31, 2017

____ Check here if there have been no changes to your contact information from your application from 2016. Proceed to the bottom of the page for mailing details.

____ Check here if you are a **New Member** or if there has been any change in your contact information. Please fill out the following contact information.

Clinic Name _____	
Office Address _____	
City _____	Zip _____
Office Phone _____	Fax _____
E-Mail _____	Website _____
Chiropractic College _____	Foreign Language(s) Spoken _____
Techniques Used (not modalities) _____	
Mailing Address (if different) _____	

Do you know someone who may be interested in joining the PCCS (DC, Sponsor or Advertiser)?

Name _____ Company/Profession _____ Phone _____

Join by Mail: Enclose Invoice & Check Payable to:

PCCS

P.O. Box 7515

Seminole, FL 33775-7515

Membership is for the chiropractor listed above only & is non-transferable.

Call Jennifer Comey, Executive Director at (727) 398-5303 with any questions.

*Contributions to the PCCS-PAC are not deductible as charitable contributions for federal income tax purposes.