

If you were not a 2019 Paid Member & you join for 2020, you will have an invitation to the 2019 Holiday Party if your payment is received by Nov 23rd

 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 = $149.00

 (Graduated in 2019)

□ 1st Year Licensed D.C. Annual Dues = $99.00

 (Graduated in 2019)

**Membership Due by January 31, 2020**

 PAC = The PCCS Political Action Committee

\_\_\_ 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mai Mailing Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ Check here if there have been no changes to your contact information from your

 application from 2018. Proceed to the bottom of the page for mailing details.

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.

Email Jennifer Comey, Executive Director at ED@PCCSChiro.org with any questions.

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

PCCS 2020 Membership Invoice

January 1, 2020 thru December 31, 2020