

Virginia Chiropractic Association

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Web Site www.virginiachiropractic.org



**2008 Allied Supplier
Membership Application**

Referred by (opt.): _____

Your Name: _____ Title: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone #: _____ Fax #: _____

E-mail Address **(VCA use only; quickest/least expensive way to keep you informed!)**: _____

Product/Service Description: _____

2008 MEMBERSHIP STRUCTURE

Allied Supplier Membership: \$450

Provides suppliers with increased visibility, credibility, and access to the Virginia chiropractic marketplace via referral by the VCA Office and listings in VCA's annual membership directory, on VCA's web site, and in new member materials. Plus, Allied Members may display the VCA Allied Member seal on their marketing and communications materials (logo art provided by the VCA). Allied Members receive discounts that can more than pay for the cost of membership on advertising in VCA's quarterly newsletter, *The Virginia Voice*, and annual membership directory; convention and seminar exhibits; and a variety of sponsorship opportunities. Allied Members are invited to submit editorial material for priority consideration in the newsletter, as well as presentation proposals for VCA meeting or convention consideration.

DUES PAYMENT OPTIONS

Total Amount Enclosed: \$ _____

Check enclosed

Charge to: Visa MC Discover

Card #: _____ Exp.: _____ 3 Digit Auth. #: _____

Name as on Card: _____ Signature: _____

Billing Address: _____

IMPORTANT TAX INFORMATION

We estimate that 72% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 28% is allowable to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.

Please complete and return with your membership payment to VCA, PO Box 15, Afton, VA 22920, or fax to 540-932-3101. Questions? Call the VCA office at 540-932-3100.

Thank you for your support!