



HISPANIC DOCTORS & CHIROPRACTIC ASSOCIATION

SEND CHECK OR MONEY ORDER TO:
 MEMBERSHIP APPLICATION
 614 N. Euclid Ave., Suite 217, Ontario, CA 91762
 Phone: 714 776-6265
 Fax: 714 516-8156
 Email: hispanicphysican@yahoo.com
 www.hispanicphysician.com

M E M B E R S H I P	
O F F I C E U S E O N L Y	
NO.	_____
CHAPTER	_____

NAME _____ DATE _____
 COMPANY _____ POSITION _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____ E-MAIL _____
 TYPE OF BUSINESS _____ NO. OF EMPLOYEES _____

MEMBERSHIP EMPLOYEE CATEGORY/ Yearly Dues
 (mark with an "X")

- HPCA Gold Sponsor \$5,000.00
- HPCA Silver Sponsor \$4,000.00
- Medical Regular Services Sponsor \$3,000.00
- Medical Services Provider \$1,595.00
- Medical Regular Practice \$750.00
- Chiropractic Regular Practice \$450.00
- Student \$200.00
- Resident \$500.00

TERMS OF AGREEMENT: I understand that the Hispanic Physician and Chiropractic Association; aka, HPCA, membership dues are not deductible as charitable contributions for federal tax purposes. I understand however, that these dues may be deductible as an ordinary expense under 8cct. 162-Internal Revenue Code. I understand that no portion of my dues can be refunded once HPCA receives them. I agree to abide by the bylaws/and its constitution now in force or which may hereafter be enacted or amended. I consent to receive all communication sent to me on behalf of HPCA whether by fax, e-mail, direct mail or telephone. Please allow 4-6 weeks for delivery of your member materials.

HDCA CHAPTERS (mark the following chapters you will be participating in with an "X")

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> ANAHEIM | <input type="checkbox"/> ONTARIO | <input type="checkbox"/> SAN BERNADINO | <input type="checkbox"/> SANTA BARBARA |
| <input type="checkbox"/> DOWNEY | <input type="checkbox"/> ORANGE | <input type="checkbox"/> SAN DIEGO | <input type="checkbox"/> SOUTH BAY / L.A. |
| <input type="checkbox"/> EL MONTE | <input type="checkbox"/> OXNARD | <input type="checkbox"/> SAN FERNANDO | <input type="checkbox"/> WEST COVINA |
| <input type="checkbox"/> HUNTINGTON BEACH | <input type="checkbox"/> PALM SPRINGS | <input type="checkbox"/> SAN JOSE | <input type="checkbox"/> WHITTIER |
| <input type="checkbox"/> LONG BEACH | <input type="checkbox"/> RIVERSIDE | <input type="checkbox"/> SAN JUAN CAPISTRANO | <input type="checkbox"/> LAS VEGAS, NEVADA |
| <input type="checkbox"/> LOS ANGELES | <input type="checkbox"/> SACRAMENTO | <input type="checkbox"/> SANTA ANA | <input type="checkbox"/> TIJUANA, B.C. MEXICO |

I am submitting my application for membership in the Hispanic Doctors & Chiropractic Association. My method of payment is:
 CHECK (enclosed), MASTERCARD, VISA, AMERICAN EXPRESS, CASH
 in the amount of my membership and a one-time \$30.00 Administrative / Set-up Fee.

NAME AS IT APPEARS ON CREDIT CARD (PLEASE PRINT)	APPLICANT'S SIGNATURE																						
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