

INVITATION TO CORPORATE MEMBERSHIP

TENNESSEE CHIROPRACTIC ASSOCIATION



Membership Investment Categories:

Corporate	\$ 1,000
Silver	\$ 2,500
Gold	\$ 5,000
Platinum	\$10,000

Corporate Membership investments are made annually.

PLEASE PRINT OR TYPE

Name of Business or Organization: _____

Business Type: _____

Example of Product Sold or Service Provided: _____

Please attach with your application a copy of your company's catalog or other sales materials.

Contact Person: _____

Alternate Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Fax:** () _____

E-mail Address: _____ **Web Site:** _____

I hereby apply for Corporate Membership in the Tennessee Chiropractic Association, agreeing to abide by the By-Laws, rules, regulations and code of ethics and any amendments hereafter adopted by the Tennessee Chiropractic Association Board of Directors and the Association membership.

Signature: _____ **Date:** _____

Payment method: Check Enclosed Visa MasterCard

Card Number & Expiration Date: _____

Please mail or fax to: **TCA * 628 West Iris Drive * Nashville, TN 37204**
Telephone: (615) 383-6231 * Fax (615) 383-6233