

HSCA MEMBERSHIP APPLICATION (Year End Special Dues Discount for 2012 Dues)
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How to pay for your membership:

1. Mail this form with your check, money order or credit card information to the following:

Hawaii State Chiropractic Association, Inc.
P.O. Box 22668
Honolulu, HI 96823-2668

-OR-

BY FAX: Fax a copy of this application with your credit card information to: (808) **926-8884**

2. Credit card information:

Card can be automatically billed, monthly, quarterly, or annually by filling in the following:

Type of card: VISA MASTERCARD AMEX

Name on Credit Card: _____

Card number: _____ Amount \$ _____

Expiration Date: _____

Signature of Cardholder: _____

3. Billing Status:

Please choose your preference of payment of membership dues:

Monthly Quarterly Annually **

** To Qualify For The Year End Discount,
The ANNUAL Discounted Fee
Must be Paid All At Once!

**YOUR MEMBERSHIP DUES CAN QUALIFY AS
A TAX DEDUCTIBLE
Business Expense**

www.HawaiiStateChiropracticAssociation.Org