



APPLICATION FOR MEMBERSHIP/RENEWAL

If renewing your membership and all information is the same just send check in and write on the check memo line-“renewal”.

NAME: _____

PRACTICE NAME: _____

ADDRESS: _____

COUNTY: _____

OFFICE PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

DUES FOR 2012 ONE YEAR MEMBERSHIP

The COCA dues for the year 2012 will remain at \$50 as last year. However the following clarifications will be added. The dues will cover the first doctor in each practice and additional doctors will be \$25 each. Also additional offices are \$25 each. Dues are based on a calendar year and are due by January of each year. Please fill out one form for each doctor in the practice.

We encourage all members of COCA to be members of the OSCA as well but it is not required.

MAKE CHECK PAYABLE TO: **COCA or Central Ohio Chiropractic Assoc.**

MAIL APPLICATION AND PAYMENT TO:

DR. JAMES ELLIS
705 HILL ROAD NORTH
PICKERINGTON, OHIO, 43147