

Maine Chiropractic Association

58 Albert Street, Lewiston ME 04240

mainechiroed@gmail.com

November 20, 2017

Dear Doctor,

On behalf of the Maine Chiropractic Association (MCA) we'd like to welcome you to Maine. We are Maine's voice of chiropractic and lead the way in providing, promoting and leading the way for chiropractors in legislation, marketing and patient education. We invite you to consider joining the MCA and its over 200 members.

As a member of the MCA you will be entitled to all privileges and programs offered. That includes discounted conference registrations, and benefits for your office, your staff and your family that currently include discounts to car rentals, office supplies, cell phone services, collections agents, credit card processing and other banking services. We continue to add benefits on behalf of our members that for most will offset the cost of annual dues. During 2018 we will focus on more of these including our most ambitious project to date - a group health insurance platform that will allow each office to buy a much better product at significantly reduced cost, again for themselves, family or staff and their families. This platform will also allow us to then offer group rates for dental, life, disability and several other insurance needs for our members.

Our newsletter comes out bi-monthly and will include information on these benefits, great stories and news regarding chiropractic here and throughout the country and information on upcoming dates to keep in mind. Our website will provide patients with a wealth of information and leads to you through a MCA member search engine so patients who use the internet can easily find you. A recent copy is attached for reading.

In order to join, you'll need to complete the second application and submit it with your first 6 months of dues, payable to the Maine Chiropractic Association. Once a member you'll be able to pay dues, conference registration

and other items via a web portal using a credit card. Dues are \$700.00 annually at this time, with discounts for new providers (1st year \$187.50, second year \$350.00, and full \$700.00 beginning with the third year..

Our organization is only as strong as its membership and we thank you in advance for joining our Association.

Sincerely,

Robert Reed

Executive Director, MCA

Maine Chiropractic Licensing Requirements

1. Proof of undergraduate degree or diplomate (copy allowed)
2. Proof of Chiropractic degree (copy allowed)
3. Copy of Chiropractic School transcripts (typically provided by school)
4. Exam scores from the National Board of Chiropractic Examiners
- you must have passed Parts I, II, III, IV and Physiotherapy.

Licensing application fee is \$100.00 and there is a one time fee of \$21.00 for the criminal background check.

If you have been licensed in any other state previously, you will also need to provide a copy of that license.

Maine Chiropractic Association

Dedicated to the preservation and promotion of Chiropractic in the State of Maine, while representing all Doctors of Chiropractic equally with respect for individual perspectives and interests. Founded in 1923



Application for Membership

Effective Date _____

I HEREBY APPLY for membership in the Maine Chiropractic Association, Inc., for the purpose of serving the Chiropractic profession and for the benefits I may receive from such membership. If elected as a member, I agree to comply with the By-Laws of this association.

Name: _____ Date of Birth: _____

Spouse's name: _____ Occupation: _____

Children's names and ages: _____

Home Address: _____ Home Phone: _____

Office Address: _____ Office Phone: _____

Mailing Address: _____ Fax #: _____

City: _____ Zip: _____

Number of years in practice: _____ Email: _____

Of which chiropractic college are you a graduate? _____ Year: _____

Are you licensed in Maine? _____ Year licensed: _____ License Number: _____

Has your chiropractic license ever been suspended or revoked in any state or have you had any disciplinary actions against you? _____ **If yes, please attach an explanation.**

Please list any local, state or national chiropractic organizations you are a member of ?

Please indicate any university or undergraduate program that you have completed with the degree obtained: _____

Signature of Applicant:

Date: _____ Signature: _____

SPONSOR Name: _____:

This is to certify that I am a member in good standing of the Maine Chiropractic Association and do hereby recommend the above named Chiropractor for membership in the Maine Chiropractic Association.

Date: _____ Signature: _____

Please mail all applications to : MCA c/o | Mr. Robert Reed | 58 Albert St. Lewiston ME 04240