





Oregon Chiropractic Association 10570 SE Washington Street Suite 210 Portland, OR 97216  
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**PAYMENT INFORMATION:**

Member Name: \_\_\_\_\_

Payment: \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_ Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ V Code: \_\_\_\_\_

Name on CC: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

**(Please indicate if you wish to be set-up for auto CC on Page 1)**

*You will be emailed a receipt after each auto-debit credit card processing:*

*Annual debits are processed upon application approval and then on the "anniversary month" of your OCA membership each year after*

*Quarterly debits are processed on the 3<sup>rd</sup> day of each new quarter: January – April – July – October*

*Monthly debits are processed on the 5<sup>th</sup> day of each month*

*If credit card auto debit was selected --- Please indicate the preferred E-mail for receipts: \_\_\_\_\_*

*I agree that the "OCA" can bill my credit card for the membership dues as indicated on the page 1 of this membership application.*

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_