



# nmca

## New Mexico Chiropractic Association

Serving the Profession since 1947

### NMCA EZPAY MEMBERSHIP DUES & CONTRIBUTION FORM

EZPay is a convenient and easy way to pay your annual membership dues and contributions to the NMCA. Simply fill out to dues schedule amount and frequency of payment (i.e. one time, monthly, quarterly, etc.) and select your method of payment and the NMCA will do the rest! You can also make a contribution to the NMCA President's Circle, PR Media Fund, and/or Scholarship Fund by selecting the appropriate box below.

I wish to pay my NMCA Annual Membership Dues via EZPay.  
*(Please see membership application for dues applicable to your personal membership category.)*

EZPay Membership Dues Total \$ \_\_\_\_\_ EZPay Schedule:  Monthly  
 Payment Type:  Credit Card  Annually  
 Charge my Checking Account

I wish to contribute to the President's Circle, a one-time payment, in the amount of \$ \_\_\_\_\_  
 I wish to contribute to the Scholarship Fund, a one-time payment, in the amount of \$ \_\_\_\_\_  
 I wish to contribute to the Pubic Relations Media Fund, monthly, in the amount of \$ \_\_\_\_\_  
 (Credit Card or Checking Account deductions only for PR monthly donations.  
 If you choose to do so, a one-time check will be gratefully accepted.)

Payment Type:  Credit Card  Charge my Checking Account  Personal Check Enclosed

#### Payment Information

##### Checking Account:

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

##### Credit Card:

Visa  Master Card  Discover Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

Contributions or gifts to the NMCA are not tax deductible as charitable contributions.

EZPay Applicant Information: I hereby authorize the New Mexico Chiropractic Association to initiate, in accordance with the payment schedule indicated above, debit entries to my checking account as indicated above and on the attached voided check or my credit card account. I hereby authorize the depository institution named above to debit the same from my account. Said debits shall be for the amount indicated in the above-noted amount of dues and/or contribution. This agreement will remain in effect unless I notify the NMCA, in writing by mail or fax at 505-828-1128, to cancel it.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

Address (City, State & Zip Code) \_\_\_\_\_