

# CMCC Membership

June 1, 2021 - May 31, 2022



**We thank you for your membership and support.**

☐ I want to renew my membership/become a member of the Canadian Memorial Chiropractic College.

*Please check which category and payment schedule apply to you.*

Category	Payment Schedule			
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> One payment
<input type="checkbox"/> 2021 graduate	Complimentary - available to new graduates of all chiropractic programs			
<input type="checkbox"/> 2020 graduate	\$12.50	\$37.50	\$75.00	\$150.00
<input type="checkbox"/> 2019 graduate	\$25.00	\$75.00	\$150.00	\$300.00
<input type="checkbox"/> 2018 graduate	\$41.67	\$125.00	\$250.00	\$500.00
<input type="checkbox"/> 2017 and previous graduates	\$59.58	\$178.75	\$357.50	\$715.00
<input type="checkbox"/> Senior ( <i>in practice 30 years or more</i> )	\$41.67	\$125.00	\$250.00	\$500.00
<input type="checkbox"/> Special A ( <i>12 hrs or less per week</i> )	\$29.17	\$87.50	\$175.00	\$350.00
<input type="checkbox"/> Special B ( <i>lic. non-practicing</i> )	\$14.17	\$42.50	\$85.00	\$170.00
<input type="checkbox"/> International	\$12.50	\$37.50	\$75.00	\$150.00
<input type="checkbox"/> Retired	Complimentary			
<b>Instalment Schedule</b> (15th day of the month)	Monthly	June	June	June
		September	November	
		December		
		March		

## CMCC Membership Year

The CMCC membership year for all provinces and international runs from June 1 – May 31.

## Convenient Payment Options

Payments can be paid monthly, quarterly, bi-annually or annually by direct debit, credit card or cheque. Direct debit is not available for int'l members.

Membership supports CMCC's mission to deliver world class chiropractic education, research and patient care.

## Further information about membership and our benefits program:

membership@cmcc.ca, 416 482 2340 ext. 146  
cmcc.ca/membership

## Payment Options (credit card, debit or cheque)

☐ VISA      ☐ Mastercard      ☐ American Express

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Card # \_\_\_\_\_ Expire date \_\_\_\_ / \_\_\_\_

☐ **Cheque(s)** Please make payable to CMCC.

☐ **Debit from your Chequing Account (not available for international members)**

Please enclose a cheque from the appropriate bank account clearly marked "VOID."

I hereby request, direct and authorize CMCC and its agent bank to draw monthly payment for my membership in the amount indicated on the schedule provided. I hereby authorize my bank or credit union to debit my bank account as indicated. Membership payments are to be drawn on the 15th day of each month. I understand it is my responsibility to notify CMCC of any change in my membership category, and I authorize CMCC and its agent bank to make any adjustments to my monthly payments that result from a change in membership category. I understand that I may cancel this authorization at any time by written notice to CMCC or to my bank. I agree that I am responsible for any charges which may be incurred by CMCC for any debit which may not be processed by the bank.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any pre-authorized debit (PAD) that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

In signing this form I understand and agree to all the terms and conditions above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Please automatically renew my membership, in the appropriate category, until I notify CMCC otherwise.

☐ Please send my annual receipt by email

Please fax or mail to:

**Canadian Memorial Chiropractic College**  
**6100 Leslie Street, Toronto Ontario M2H 3J1**  
**T: 416 482 2340 ext. 146 or**  
**1 800 669 2959**  
**F: 416 482 3629**  
**Attn: Membership**

### Help us keep our records up to date!

Full name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Spouse's name \_\_\_\_\_

College and year of graduation \_\_\_\_\_  
\_\_\_\_\_

☐ Check here if you want to receive membership correspondence by email.