



VERMONTERS FOR CHIROPRACTIC PAC

Name: _____ **Email:** _____

Payment Options:

- Check: made out to VCA-PAC**

- Credit Card: Number:** _____
expiration date: _____ **security code:** _____ **zip code:** _____

- President's Club: \$500 or more (in practice 8 years or more)**

- Vice President's Club: \$250 or more (in practice 3-7 years)**

- PAC Club: \$100 or more (in practice up to 3 years)**