



Arkansas Chiropractic Society 2010 Membership Form



APPLICATION FOR MEMBERSHIP:

NAME _____ DATE OF BIRTH _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ HOME PHONE _____

FAX NUMBER _____ e-mail _____

GRADUATE OF WHICH COLLEGE? _____ Date of graduation _____

COLLEGE EDUCATION AND OTHER ACADEMIC DEGREES _____

PROFESSIONAL ORGANIZATION MEMBERSHIPS _____

ARKANSAS CHIROPRACTIC LICENSE NUMBER _____

OTHER STATES HOLDING LICENSE IN _____

HOW LONG HAVE YOU BEEN IN PRACTICE ? _____

The dues are complimentary for doctors practicing in Arkansas for the first calendar year.

2010 Membership Form

____ I am a renewing member. Enclosed are my annual dues of **\$150.00** for the year of **2010**.

____ I would like to join ACS. Enclosed are my completed application and my annual dues of **\$150.00** for the year of **2010**.

▶ Check or money order enclosed in the amount of \$ _____
Make checks payable to: ACS & mail to 2108 Fort Street, Barling AR 72923.

▶ For credit cards list # and sign. VISA, MASTER # _____

Signature: _____

DEBIT # _____ Expiration Date: _____

Name _____ Signed _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Office Phone _____ Your fax# _____ Doctors License # _____

ACS Offices are open Mon-Thurs. (12:00 – 5:30) Phone: 1-479-782-4361 or 24 Hour Fax: 1-479-782-4616