



# Arkansas Chiropractic Society 2012 Membership Form

\_\_\_\_\_ I would like to take advantage of the **\$300.00** all- inclusive fee (membership plus any and all seminars). Choosing this option will allow you to take any number of hours from any seminar or to take all seminars if you wish. This offer is valid until January 31, 2012.

\_\_\_\_\_ You may deduct \$25 if paying or making your first payment by December 31<sup>st</sup>.

\_\_\_\_\_ If you were given a coupon in 2011 you may deduct this amount from the total.

\_\_\_\_\_ Check here to pay in 5 monthly installments and list your credit or debit card number below.

▶ 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: 1-479-806-1138 or 24 Hour Fax: 1-479-782-4616**

## 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.*