



Membership 2017

_____ I would like to take advantage of the **\$400.00** 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. Save \$50 if received by December 31, 2016!

_____ Check here to pay in 6 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
PO Box 10213, Fort Smith, AR 72917

⇒ For credit cards list # and sign. VISA, MASTER

Expiration Date: _____ Name _____

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Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Fax# _____ Doctors License # _____

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ACS Contact Info

- Office Number:
(479)806-1138
- Office Fax:
(479)434-4403
- Email Address:
acsexecsec@cox.net
- Website:
www.archirosociety.com

Attention New Doctors

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