



# Alaska Chiropractic Society

## ACS 2019 Enhanced Membership Application

**Your regular ACS Membership includes the following and more:**

ACS Online DC Directory Listing  
Continuing Education Credit Seminars  
Legislative Updates and Monitoring  
Discounted Disability Insurance  
Monthly Webinars on Current Topics  
Free Website Classified Ad Categories  
Membership Association Software to connect and engage with ACS members Statewide!

Discounts on Seminars for Doctors and Staff  
National Updates  
Access to Workers' Comp Fee Schedule  
Radiology Club/Journal Club  
Secure Searchable Insurance Problem Forum  
Online CEU Tracking Software

### Enhanced Membership - Two Year Commitment 2019 + 2020

Monthly, Quarterly, and Semi-Annual payment options **available by credit card only.**

Monthly	12 pmts. of \$125 ea.	Quarterly	4 pmts. of \$375 ea.
Semi-Annually	2 pmts. of \$750 ea.	Annually	1 pmt. of \$1500

### Additional Benefits for Enhanced Members...

Biennial 2020 ACS Convention	included	Up to 4 Day attendance for Doctor of Chiropractic and up to 4 day attendance for one CA staff member. \$1825+ value.
CPR Training for DC	included	\$75 - \$125 value
ChiroCode Deskbook	included	\$298 value - new deskbook mailed directly to YOU annually.
ACS CE Seminars	20-50% off	Additional discounts on in-person ACS CEU events. Excludes any "special events" such as cruises and out of state events.

<b>Member Name:</b>	
<b>Clinic Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone and FAX:</b>	
<b>email address:</b>	

I, \_\_\_\_\_, authorize ACS to charge my credit card in the amount of \$\_\_\_\_\_ for payment of my membership fee on a MONTHLY/QUARTERLY/SEMI-ANNUAL/ANNUAL basis. (circle payment choice)

Cardholder Name			
Account Number			
Expiration Date		3 Digit Sec Code	
Billing Address			
City		State	Zip
Phone Number			
Email Address			

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

I agree to notify ACS in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that I am responsible for an annual contract amount payable in installments. Cancellations must be made in writing and I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.

Join online at [www.akchiro.org](http://www.akchiro.org)!

or complete this application and a 2019 Directory Profile and  
fax to 907.770.3790 or mail to Alaska Chiropractic Society at address listed below.

**DON'T DELAY ~ JOIN ACS TODAY!!!**

550 East Tudor Road Suite 202 \* Anchorage \* Alaska \* 99503 \* 907.903.1350 Phone