



Alaska Chiropractic Society

ACS 2019 Regular Annual Membership Application

Your Regular ACS Membership includes the following and more:

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| ACS Online DC Directory Listing | Discounts on Seminars for Doctors and Staff |
| Continuing Education Credit Seminars | National Updates |
| Legislative Updates and Monitoring | Access to Workers' Comp Fee Schedule |
| Discounted Disability Insurance | Radiology Club/Journal Club |
| Monthly Webinars on Current Topics | Secure Searchable Insurance Problem Forum |
| Free Website Classified Ad Categories | Online CEU Tracking Software |
| Membership Association Software to connect and engage with ACS members Statewide! | |

Regular Membership

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

Monthly	12 pmts. of \$62.50 ea.	Quarterly	4 pmts. of \$187.50 ea.
Semi-Annually	2 pmts. of \$375 ea.	Annually	1 pmt. of \$750
NEW!! Joint Membership - husband/wife - 20% off second regular membership.			

Special Membership Categories

Newly Graduated	FREE	First year after graduation FREE!
Newly Graduated	\$375	Second year after graduation half off annual membership fee!
Student	FREE	Annual
Retired	\$100	Annual - must have Retired or Inactive AK DC License

Member Name:	
Clinic Name:	
Street Address:	
City, State, Zip:	
Phone and FAX:	
email address:	

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!

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