

West Virginia Chiropractic Society

MEMBERSHIP APPLICATION

This application for membership must include remittance of the first annual dues as specified below.

I hereby petition for membership in the West Virginia Chiropractic Society and if accepted, agree to conform to all rules and regulations in its constitution and by-laws and Code of Ethics. I understand that my failure to remit dues will result in suspension of all rights and privileges and will result in the loss of membership. Dues are paid in advance.

MEMBERSHIP IS CONTINUOUS UNLESS CANCELLED.

<p><u>Member Contact Information</u></p> <p>Were you a previous WVCS member? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check one: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Full Name: _____ Date of Birth: ____/____/____ Practice Name: _____ Practice Address: _____ _____ City: _____ State: _____ Zip Code: _____ Work Phone: _____ Home Phone: _____ Cell Phone: _____ Email: _____</p>	<p><u>Member Profile</u></p> <p><u>Education</u> Chiropractic College Attended: _____ _____ Location: _____ Year of Graduation: _____ Undergraduate(s) Attended: _____ _____ Location: _____ Year of Graduation: _____</p>																		
<p><u>Payment Information</u></p> <p><input type="checkbox"/> My check is enclosed for the amount of: _____ <input type="checkbox"/> Paying by credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AE Exp. Date: ____/____ CV Code (on back): _____</p> <p><input type="checkbox"/> I approve automatic payments deducted from my credit card above for monthly dues. Initial here: _____</p> <p>Signature: _____</p> <p><u>Please send application and dues payment to:</u> WV Chiropractic Society 18 California Avenue Charleston, WV 25311 PH: (304) 345-9219 FX: (304) 343-4251 office@wvcsi.com</p>	<p><u>Professional Information</u></p> <p>WV License #: _____ Date WV License Issued: _____ Professional Memberships: _____ _____ Are you licensed in other state(s)? If so, please list states: _____ _____</p>																		
	<p><u>Membership Type</u></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Active Military Service</td> <td style="text-align: right;">\$1</td> </tr> <tr> <td><input type="checkbox"/> Graduation Year</td> <td style="text-align: right;">FREE</td> </tr> <tr> <td><input type="checkbox"/> First Full Year of Licensure</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td><input type="checkbox"/> Second Full Year of Licensure</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Third Full Year of Licensure</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td><input type="checkbox"/> Fourth Full Year of Licensure</td> <td style="text-align: right;">\$400</td> </tr> <tr> <td><input type="checkbox"/> Fifth Full Year of Licensure</td> <td style="text-align: right;">\$500</td> </tr> <tr> <td><input type="checkbox"/> Out of State DC</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td><input type="checkbox"/> Retired Member</td> <td style="text-align: right;">\$50</td> </tr> </table>	<input type="checkbox"/> Active Military Service	\$1	<input type="checkbox"/> Graduation Year	FREE	<input type="checkbox"/> First Full Year of Licensure	\$100	<input type="checkbox"/> Second Full Year of Licensure	\$200	<input type="checkbox"/> Third Full Year of Licensure	\$300	<input type="checkbox"/> Fourth Full Year of Licensure	\$400	<input type="checkbox"/> Fifth Full Year of Licensure	\$500	<input type="checkbox"/> Out of State DC	\$100	<input type="checkbox"/> Retired Member	\$50
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