

West Virginia Chiropractic Society

MEMBERSHIP APPLICATION

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

MEMBERSHIP IS CONTINUOUS UNLESS CANCELLED. CANCELLATION MUST BE IN WRITING.

I hereby apply 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 failure to remit dues will result in suspension of all rights and privileges and will result in the loss of membership.

Member Contact Information:

Please check one: Dr. Mr. Mrs. Ms.

Have you ever been a member of the WVCS? Yes No

Full Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Member Education and Professional Information:

Chiropractic College Attended: _____

City, State of Chiropractic College Attended: _____

Year of Graduation from Chiropractic College: _____

Undergraduate College Attended: _____

City, State of Undergraduate College Attended: _____

Year of Graduation from Undergraduate College: _____

West Virginia License Number: _____ Date WV License Was Issued: _____

Are you licensed in other state(s)? Yes No If yes, please list state(s): _____

Membership Classification and Dues:

- Graduation/License Year – FREE (*Licensed in 2018*)
- First Full Year of Licensure - \$100 per year (*Licensed in 2017*)
- Second Full Year of Licensure - \$200 per year (*Licensed in 2016*)
- Third Full Year of Licensure - \$300 per year (*Licensed in 2015*)
- Fourth Full Year of Licensure - \$400 per year (*Licensed in 2014*)
- Fifth Full Year of Licensure and Thereafter - \$500 per year (*Licensed in 2013 and before*)
- Out of State DC (Not licensed in WV) - \$50 per year
- Retired DC (Licensed in WV) - \$50 per year

Payment Information:

My check is enclosed for the amount of: \$ _____

I am paying by credit card - Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____/_____/_____ CV: _____

I approve automatic monthly payments deducted from my credit card above for dues. Initials: _____

Name: _____ Signature: _____

Please send completed application to:

West Virginia Chiropractic Society 18 California Avenue Charleston, WV 25311

PH: (304) 345-9219 FX: (304) 343-4251 www.wvchiropractic.org