

Application for Membership - General Member

Illinois Chiropractic Society, Inc.

www.ilchiro.org

1

First Name: _____ Middle: _____ Last: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____ Date of Birth: _____ Gender: _____ County: _____

Chiropractic Alma mater: _____ Date of Graduation: _____

Illinois License #: _____ Date of First Licensure: _____

Are You Licensed in Any Other States? Yes No If so where? _____

Recommended for Membership by: _____

Have you been denied a professional license or permit or had a professional license or permit disciplined in any way by any licensing authority in any jurisdiction? Yes No (If yes, Please attach an explanation)

2

Monthly (\$58.00 Auto-Pay only) Bi-Monthly (\$116) Quarterly (\$174) Semi-Annual (\$348) Annual (\$696)

If you graduated after April of 2012 you qualify for our Graduate Assistance Program and will receive additional benefits and savings. Contact the ICS office for more information.

I would like to upgrade to Platinum Membership Level for an additional \$432.00 and receive all of my education at no additional charge. _____ Initial here to acknowledge 1 year commitment

The Illinois Chiropractic Society offers special pricing for multiple Chiropractic Physicians in the same office.

3

Set me up on Auto-Pay Bill my card to process my application and invoice me for future dues payments Check Enclosed

Credit Card #: _____ Expiration Date: _____ CVV Security Code _____

Your first dues payment must be included with this application form and will be applied to the first year's dues. General membership rights and responsibilities, including voting rights, are governed by the ICS Constitution and the ICS Bylaws. By signing this application, you hereby consent to receive faxes, e-mails, and other electronic communication sent by, or on behalf of, the Illinois Chiropractic Society and all subsidiaries and committees of the Illinois Chiropractic Society. If you have selected an auto-payment option above, you authorize regularly scheduled dues payments to be made from your provided credit card, including changes as they result from moving from your first to second year after graduation, second to third year, third year to fourth and beyond. Then, just sit back and relax. Your payments will be made automatically on each of the due dates, and proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

Signature: _____ Date: _____

Please Return To: Illinois Chiropractic Society, Inc., membership@ilchiro.org

P.O. Box 9448 -- Springfield, IL 62791 Fax: (217) 525-1205 -- Office: (217) 525-1200