

MEMBERSHIP APPLICATION

Or go to www.illinoischiropractors to complete online



IPSCA

Illinois Prairie State
Chiropractic Association

The Beacon of Chiropractic for Illinois

All materials will be sent to your office address unless otherwise notified.

Name: _____ Phone: _____

Office Address: _____ Fax: _____

Email Address: _____ Office Website: _____

Illinois License Number: _____ Date Obtained: _____

Chiropractic College: _____ Graduation Date: _____

Other Professional Organizations: _____

Presently Engaged in Active Practice? Y / N Former IPSCA Member? Y / N

Reason Why I Would Like to Join the IPSCA: _____

For Directory & Referral Use

Scientific Instruments Used: _____

Techniques in Practice: _____

I hereby apply for membership in the Illinois Prairie State Chiropractic Association, Inc., and enclose a membership application fee of \$25. I understand that my application is subject to membership approval, and that I will be notified of its action. I hereby pledge my support to help preserve and advance chiropractic in the State of Illinois and agree to abide by the Constitution, By-Laws, and Standards of the IPSCA.

Applicant Signature: _____ Date: _____

A SUBLUXATION BASED ASSOCIATION

IPSCA MEMBERSHIP FEES

Indicate Membership Type

| | |
|---|---------------------------------|
| <input type="checkbox"/> Student/1st Year Practicing Field Doctor | Complimentary |
| <input type="checkbox"/> 2nd/3rd Year Practicing Field Doctor | \$250 Annually, \$25 Monthly |
| <input type="checkbox"/> 2nd/3rd Year DC Beacon Member | \$500 Annually, \$50 Monthly |
| <input type="checkbox"/> Basic DC Member | \$500 Annually, \$50 Monthly |
| <input type="checkbox"/> Beacon DC Member | \$1,000 Annually, \$100 Monthly |
| <input type="checkbox"/> Affiliate Membership (Out of State) | \$100 Annually |

PAYMENT INFORMATION BY CREDIT CARD

Credit Card Remittance For: _____ Type: ☐ MasterCard ☐ Visa ☐ Discover

Account Number: _____ - _____ - _____ Exp. Date: _____ Security Code: _____

Complete Billing Address: _____

Authorized Signature: _____ Date: _____

Optional Contributions: PAC Contribution: ☐ Monthly ☐ One-Time Amount: \$ _____

Lobbyist Contribution: ☐ Monthly ☐ One-Time Amount: \$ _____

☐ I authorized the Illinois Prairie State Chiropractic Association (IPSCA) to charge my credit card automatically the indicated amount for membership dues or other above indicated contributions. Reoccurring charges will continue unless notified by cardholder directly.

Total Amount: \$ _____

ILLINOIS PRAIRIE STATE CHIROPRACTIC ASSOCIATION

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