

Arizona Chiropractic Society

Application for Membership

ACS, a non-profit state association, works to strengthen and protect chiropractic, safeguard chiropractors' practice rights, provide effective representation at the Arizona Legislature, make needed changes in the areas of health insurance and personal injury litigation, provide information regarding claims denials, IME and engineering reports, and guide doctors who have had Board complaints. Since 1990 ACS and its president, Alan M. Immerman, D.C., have achieved many important advances for the chiropractic profession including enactment of four insurance equality laws, fostering an atmosphere of "live and let live" in the chiropractic community, reigning in the Chiropractic Board by requiring definitions for "unprofessional conduct," passing a new and vastly improved health care lien law, and more. ACS remains strong for only one reason – it meets the needs of its members.

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|--|---------------------------------|---|
| LAST NAME | MIDDLE INITIAL | FIRST NAME |
| OFFICE MAILING ADDRESS | | |
| CITY | STATE | ZIP |
| PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS |
| CHIROPRACTIC COLLEGE | | DATE OF GRADUATION |
| TOTAL YEARS IN PRACTICE | TOTAL YEARS PRACTICE IN ARIZONA | AZ LICENSE NUMBER |
| I hereby apply for membership in Arizona Chiropractic Society for the purpose of serving the Chiropractic profession and for the benefits I will receive from such membership. | | |
| <input type="checkbox"/> I understand that my credit card will be billed each month, or | | |
| <input type="checkbox"/> I may elect to receive monthly bills by fax or mail. | | |
| <input type="checkbox"/> 1st Year Out of Chiropractic College, \$25 per mo. | | <input type="checkbox"/> 3rd Year Out of Chiropractic College, \$75 per mo. |
| <input type="checkbox"/> 2nd Year Out of Chiropractic College, \$50 per mo. | | <input type="checkbox"/> 4th Year Out, and thereafter, \$100 per mo. |
| <input type="checkbox"/> Part-Time Doctors, \$50 per mo. | | |
| SIGNATURE | | DATE |
| CREDIT CARD NUMBER | | EXPIRATION DATE |

Fax Completed Application to: 602.368.8954
or Mail to: ACS, 3515 E. Carol Ave., Phoenix, AZ 85028

Voice Phone: 602.368.9496 • Email: ACS@AZChiropractors.org • www.AZChiropractors.org