



AFFILIATE MEMBERSHIP APPLICATION

Please accept this application for affiliate membership in the Iowa Chiropractic Society, Inc. (ICS), with the understanding that membership automatically renews until cancelled. Affiliate members agree to abide by the articles, bylaws, and policies of the ICS in exchange for the rights and privileges of membership.*

Please type or print to ensure accuracy of information

Main Contact Person

Prefix (Check Preferred) Dr. Mrs. Ms. Mr.

Suffix (Check Preferred) D.C. Ph.D. Other _____

Name _____ Title _____

Company/Organization _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Alternate Phone (____) _____

E-Mail _____ Website _____

Contact Person for Exhibiting at Continuing Education Programs (if different than main contact)

Prefix (Check Preferred) Dr. Mrs. Ms. Mr.

Suffix (Check Preferred) D.C. Ph.D. Other _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Alternate Phone (____) _____

E-Mail _____ Website _____

Contact Person for Advertising if different than main contact)

Prefix (Check Preferred) Dr. Mrs. Ms. Mr.

Suffix (Check Preferred) D.C. Ph.D. Other _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Alternate Phone (____) _____

E-Mail _____ Website _____

Contact Person for Annual Dues Billing (if different than main contact)

Prefix (Check Preferred) Dr. Mrs. Ms. Mr.

Suffix (Check Preferred) D.C. Ph.D. Other _____

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Alternate Phone (____) _____

E-Mail _____ Website _____

*** See Back for Complete Description of Affiliate Member Benefits
(Over)**

First year dues should accompany this application. Future years will be billed annually. Membership can be terminated by either party in writing; partial year's dues are not refundable.

Send completed application and payment to:

Iowa Chiropractic Society, 100 E. Grand Ave., Ste 240, Des Moines, IA 50309 or Fax to 515-867-2801

Please provide a paragraph describing your products and services for use in selected publications and directories.

DUES: \$325 annually (1/3rd is donated to the ICS Political Corporate Fund as allowed by Iowa law)

METHOD OF PAYMENT: (check one) Check
 MasterCard Visa Discover Card

Credit Card # _____ Exp. Date _____ CID # _____

Name on card _____ Signature _____

CC billing address if different from above: _____

Applicant Signature _____ Title _____

The Affiliate Member shall be any vendor or exhibitor who offers products and services for the benefit of chiropractic physicians and their patients. Cost of membership shall be 50% of Regular Member dues (1/3 of Affiliate member dues will be donated to the Iowa Chiropractic Society Political Action Committee Corporate Fund, as allowed by state law). Membership benefits of the Affiliate members include the following: 15% discount on advertising in ICS publications and website, 20% discount on exhibitor space at ICS sponsored events hosting exhibitors, access to the ICS/Advantage website ICS Member Only section, recognition as an Affiliate Member including listing in *ICS Review* and in the *ICS Annual Membership Directory*.

Send Completed Application to:

**Iowa Chiropractic Society
100 E. Grand Ave., Suite 240
Des Moines, IA 50309
Phone: 515-867-2805
Fax: 515-867-2801
E-mail: dhoffman@iowadcs.org**

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