



# APPLICATION FOR MEMBERSHIP

Please accept this application for membership in the Iowa Chiropractic Society, Inc. I understand that my membership is subject to approval by the Board. Upon approval, I agree to abide by the ICS Bylaws in exchange for the rights and privileges of membership. By signing this membership application form, I hereby consent to receiving mail, e-mail, and facsimiles from the Iowa Chiropractic Society and its affiliate organizations.

Print or Type

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F  
First M.I. Last Suffix

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home/College Residence Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

D.C. College Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Practice Start Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

IA License: # \_\_\_\_\_ Issue Date: \_\_\_\_\_ Licensed in which other States: \_\_\_\_\_

What led you to join the ICS? \_\_\_\_\_

<p>I prefer ICS send information to me via: (check one)    <input type="checkbox"/> E-Mail    <input type="checkbox"/> Fax    <input type="checkbox"/> Mail</p> <p>You may provide my name to practice-related vendors as determined by the Executive Committee:  <input type="checkbox"/> Yes    <input type="checkbox"/> No, exclude my name from such lists.</p>
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Annual Dues:     Regular Member \$650     Platinum Member \$1,300\*\*     Student \$30  
(See reverse     Recent Graduate: (check one)     1<sup>st</sup> Year \$160     2<sup>nd</sup> Year \$325     3<sup>rd</sup> Year \$485  
for descriptions)     Associate Member \$110: (check one)     F.T. Faculty     Out-of-State     Non-practicing DC  
 Part-Time Practitioner Member    \$325\*\*    \*\*See reverse. Supplemental Application required

Payment:     Annually by:     Check (make payable to the Iowa Chiropractic Society)     Credit Card  
 Quarterly by:     Credit Card     Debit Card

<p>Credit Card: (circle one)    MasterCard    Visa    Discover</p> <p>Credit Card# _____ Exp. Date _____ *CID # _____  *CID # is the three digit number found on the signature strip on the back of your credit card.</p> <p>Credit Card Billing Address if different from clinic address above (incl. street address, city, state and zip)  _____  Signature _____</p>
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Dues payment or credit card/auto withdrawal authorization must accompany application. (85% of your ICS dues may be tax deductible.)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Recommending Member/Student Sponsor \_\_\_\_\_

# MEMBERSHIP OPTIONS AND REQUIREMENTS

VOTING MEMBER LEVELS	INCLUDES	ANNUAL FEES*
<i>Regular</i>	Access to all Regular Membership privileges including member discounts on ICS CE programs, products, and services	\$650.00
<i>Platinum</i> <sup>1</sup>	Access to all Regular Membership privileges in addition to the waiver of registration fees for ICS Annual Conventions and Fall Symposiums, and a \$10 rebate on all ICS/Palmer Sponsored ICN Programs (Complete supplemental application)	\$1,300.00
<i>First Year in Practice</i> <sup>2</sup> Based on first year upon graduation	Access to all Regular Membership privileges including member discounts on ICS CE programs, products, and services	\$160.00
<i>Second Year in Practice</i> <sup>2</sup> Based on second year upon graduation	Access to all Regular Membership privileges including member discounts on ICS CE programs, products, and services	\$325.00
<i>Third Year in Practice</i> <sup>2</sup> Based on third year upon graduation	Access to all Regular Membership privileges including member discounts on ICS CE programs, products, and services	\$485.00
<i>Part-Time Practitioner</i> <sup>3</sup>	Access to all Regular Membership privileges including member discounts on ICS CE programs, products, and services. (Complete supplemental Application)	\$325.00

NON-VOTING MEMBER LEVELS	INCLUDES	ANNUAL FEES*
<i>Associate</i> <sup>4</sup>	Access to all Regular Membership privileges (except the right to vote) including member discounts on ICS CE programs, products, and services	\$110.00
<i>Student</i> <sup>5</sup>	Access to all Regular Membership privileges (except the right to vote) including member discounts on ICS CE programs, products, and services. As a former Student Member, First Year in Practice dues are waived	\$30.00

NOTES: <sup>1</sup> Requires a supplemental "Platinum Membership Application"

<sup>2</sup> Since graduating from a chiropractic college.

<sup>3</sup> Part-Time Practitioner Member is designed for senior D.C.'s approaching retirement, or whose health status limits their practice to 20 hrs/week or fewer for the past six months or more. An application for Part-Time Practitioner Membership must be submitted and approved annually to the ICS Membership Committee.

<sup>4</sup> Available to full-time chiropractic college faculty, out-of-state D.C.'s, or non-practicing D.C.'s.

<sup>5</sup> Enrolled as a full-time student at an accredited chiropractic college.

\* Annual Fees: Fees listed are as of date listed in the lower right corner of this form and may change. You will be notified if the amount has changed.

## PAYMENT OPTIONS:

ICS membership dues must be paid annually by check, credit card, or auto withdrawal. If you wish, you may arrange automatic quarterly payments by credit card or automatic withdrawals.

Send completed application and payment to:

Iowa Chiropractic Society  
100 East Grand Avenue, Ste. 240  
Des Moines, IA 50309  
515-867-2801 (fax)  
Revised 1/16/08