



# 2019 Membership Renewal Application

Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: (Physical or P.O. Box - Not Both) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_  
 Email: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Home Address: (Physical or P.O. Box - Not Both) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Arkansas License Number: \_\_\_\_\_

100% of ACPA membership dues are spent on government affairs and are not tax deductible.

## Membership Levels

Level	Cost	Benefits
___ Diamond	\$1500	Includes: All CE offered by ACPA for DC's and CA's; Banquet tickets Fall/Spring Convention; Legislative updates throughout the year. Presidential Advisory Member.
___ Platinum	\$1200	Includes: All CE offered by ACPA; Banquet tickets Fall/Spring Convention; Legislative updates throughout the year. Presidential Advisory Member.
___ Gold	\$600	Includes: 24 hours of CE at any 1 seminar, excluding December. Legislative updates throughout the year.
___ Silver	\$300	Includes: 12 hours of CE at any 1 seminar, excluding December. Legislative updates throughout the year.
___ 2nd Year Grad	\$100	12 hours of CE at the Spring/Fall convention; Legislative updates throughout the year.
___ 1st Year Grad	\$0	24 hours of CE at the Spring/Fall convention; Legislative updates throughout the year.

**PAYMENT METHOD:**

**Credit Card Information**

Checking Account Draft (Please enclose a voided check)

\_\_\_ VISA \_\_\_ MC \_\_\_ Discover \_\_\_ Am Ex

Charge My Credit Card \_\_\_ Annually \_\_\_ Monthly

CC# \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

\*\* Monthly dues renew automatically on January 1st.

Name on Card: \_\_\_\_\_

Indicate which day of the month you would like payment drafted: \_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Membership Agreement: I hereby apply for membership in the Arkansas Chiropractic Physicians Association. I agree to abide by the constitution and bylaws, code of ethics, and all amendments, regulations, and motions adopted by the membership of the board of directors. It is mutually agreed that this application, when accepted, shall constitute the full contract between the ACPA and its members. I understand that failure to remit dues will result in loss of membership and all rights and privileges thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this signed application to: Arkansas Chiropractic Physicians Association  
2482 Highway 77 ~ Marion, AR 72364

Phone: (870) 739-6880  
Website: www.archiro.org

Fax: (870) 739-6881  
Email: info@archiro.org