ACPA
Arkansas Chiropractic Physicians Association

2019 Membership Application

Updated 11/28/2017

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: _____

Other States' Licenses Held: _____

Other Degrees/Certifications: _____

Who referred you to the Association? _____

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:

☐ Checking Account Draft (Please enclose a voided check)

☐ Charge My Credit Card ____Annually ____Monthly

** Monthly dues renew automatically January 1st.

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

Credit Card Information

____ VISA ____ MC ____ Discover ____Am Ex

CC# _____ CVV2 Code: _____

Name on Card: _____

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