



New Hampshire State Chiropractic Society

Membership Application

- New Membership
- Membership Renewal

<input type="checkbox"/> Executive Membership <i>"Spring & Fall Seminars included"</i>	<input type="checkbox"/> \$1,000 yearly
	<input type="checkbox"/> \$250/ quarterly (Jan, Apr, Jul, Oct), CC only
<input type="checkbox"/> Active Membership	<input type="checkbox"/> \$360 yearly
	<input type="checkbox"/> \$90/quarterly (Jan, Apr, Jul, Oct), CC only
<input type="checkbox"/> Double Membership (DC & DC spouse, civil union or domestic partner)	<input type="checkbox"/> \$600 yearly
	<input type="checkbox"/> \$150/ quarterly (Jan, Apr, Jul, Oct), CC only
<input type="checkbox"/> First Year Graduate	\$150
<input type="checkbox"/> Second Year Graduate	\$200
<input type="checkbox"/> Associate Membership (Out-of-State DC, DC spouse, CAs, etc.)	\$120
<input type="checkbox"/> Student Membership	\$25

Name: _____ NH License #: _____

Name of Practice: _____

Practice Address: _____

City, State, Zip: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

Home Address: _____

City, State, Zip: _____

Home Tel: _____ Cell: _____

I hereby apply for membership in the New Hampshire State Chiropractic Society. I agree to abide by the Constitution, Bylaws, Rules and Regulations of this Society. I promise to practice Chiropractic with integrity and to adhere to the principle of chiropractic relative to subluxation correction.

Signed: _____

Date: _____

BILLING DETAILS & OPTIONS: Quarterly payments **MUST** be secured with a debit card or credit card! Your membership will be automatically renewed by your chosen method of payment, which helps NHSCS by reducing the expense associated with billing members and the time it takes to receive payment each year. Membership year runs Jan 1st through Dec 31st annually. You will remain an active continuous member of the NHSCS unless you notify NHSCS in writing or via email **five (5) days prior** to the account being charged. We will send you an invoice each year.

____ Yes, I authorize the New Hampshire State Chiropractic Society to initiate recurring payments from my checking account or credit card in the amount indicated **initials** above. My authorization will remain in effect until I notify NHSCS in writing or via email **five (5) days prior** to the account being charged to cancel it in such time as to afford the financial institution a reasonable opportunity to act.

PAYMENT PROCESSING: I am paying by: ___ Check (Ck # _____) ___ Visa ___ MC ___ AMEX ___ Discover ___ Other

Credit Card # _____ Exp. ____/____ 3-digit code _____

Bank Routing# _____ Checking Acct. # _____

Signature: _____