



New Hampshire State Chiropractic Society

2009-2010 Membership Application

EXECUTIVE MEMBERSHIP
Spring & Fall seminars included

\$1,000 yearly
 \$100/month for 12 months, *credit card only*

ACTIVE MEMBERSHIP
(NH DC)

\$360 yearly
 \$90/Quarterly, *credit card only*

DOUBLE MEMBERSHIP
(NH DC & DC spouse, civil union or domestic partner)

\$600 yearly
 \$150/Quarterly, *credit card only*

FIRST YEAR GRADUATE

\$150 - First year out of school

SECOND YEAR GRADUATE

\$200 - Second year out of school

ASSOCIATE MEMBERSHIP
(Out-of-State DC, DC spouse, CAs, etc.)

\$120 yearly

STUDENT MEMBERSHIP

\$25 one-time fee, while in school

New Membership Membership Renewal

I hereby apply for membership in the New Hampshire State Chiropractic Society:

Name: _____ NH License #: _____

Name of Practice: _____

Address: _____ City _____ State _____ Zip: _____

Office Phone: _____ Fax: _____

Email: _____ Web: <http://> _____

Address: _____ City _____ State _____ Zip: _____

Home Phone: _____ Cell: _____

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. 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 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.

Initials

PAYMENT PROCESSING: I am paying by: Check # _____ Visa MC AMEX Discover Checking Other _____

Credit Card # _____ Exp. _____ / _____ 3 Digit Code On Back _____

Name on Card: _____ Zip Code of Card Holder _____

For ACH/Checking Debit: Bank Routing# _____ Checking Acct. # _____

Signature: _____ Date: _____

Mail form with payment to: Sofia Haffenreffer, DC, NHSCS Treasurer, 18 Lafayette Rd., N. Hampton, NH 03862