



Application for Membership to the Iowa Chiropractic Society

Please accept this application for membership in the Iowa Chiropractic Society (ICS). 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.

First Name: _____ Middle Initial: _____ Last Name: _____
Date of Birth: _____ Gender: M or F
Clinic Name: _____
Address: _____
City/State/ZIP: _____ Clinic Website: _____
Office Phone: _____ Fax Number: _____
Email: _____ Office Hours: _____
Home/College Address: _____
City/State/ZIP: _____
Home Phone: _____ Cell Phone: _____
Chiropractic College Name: _____
Graduation Date: _____ Practice Start Date: _____
IA Chiropractic License #: _____ Issue Date: _____ Licensed in other states: _____
What led you to join ICS? _____
Referring Member: _____

Membership Types & Yearly Dues

- Platinum Member: \$1,340
Regular: \$670
1st Year 1: \$167
2nd Year 1: \$335
3rd Year 1: \$502
Part-Time 3: \$335
Student 4: \$33
Associate 2: \$130

PRO-RATED DUES at the following amounts:
April/May/June: 1/4 off
July/August/September/October: 1/2 off
November/December: Full amount and membership is good through the following year

Please choose Associate type: Out-of-State Full-Time College Faculty Non-practicing

Notes

- ICS membership rates are pro-rated; please adjust your Total Amount Due to reflect this.
1: 1st/2nd/3rd year membership is based on year graduated from a chiropractic college.
2: Associate membership is available to full-time chiropractic college faculty, out-of-state chiropractors or non-practicing chiropractors.
3: Part-time is defined as a chiropractor practicing twenty hours a week or less.
4: Must be a full-time student enrolled at an accredited chiropractic college.

Signature of Applicant _____ Date of Application: _____

Total Amount Due: _____

Payment Options

- Annually by Check Credit/Debit Card
Quarterly by Credit/Debit Card
Monthly by Credit/Debit Card

Credit/Debit Card: MasterCard VISA Discover
Credit/Debit Card Number: _____
Expiration Date: _____ CID Number: _____
Credit Card Billing Address (if different than above): _____
Signature: _____

ICS MEMBERSHIP OPTIONS AND REQUIREMENTS

VOTING ICS MEMBERSHIP LEVELS

Regular Member (\$670 yearly dues): Access to all regular membership privileges including member discounts on ICS CE programs, products and services.

Platinum Member (\$1,340 yearly dues): Access to all regular membership privileges in addition to the waiver of registration fees for ICS Annual Conventions and Fall Symposiums, ICS Webinars and a \$10 rebate on all ICS/ Palmer Sponsored ICN Programs.

1st Year Member (\$167 yearly dues): Access to all regular membership privileges including member discounts on ICS CE programs, products and services. First year membership is based on year graduated from a chiropractic college.

2nd Year Member (\$335 yearly dues): Access to all regular membership privileges including member discounts on ICS CE programs, products and services. Second year membership is based on year graduated from a chiropractic college.

3rd Year Member (\$502 yearly dues): Access to all regular membership privileges including member discounts on ICS CE programs, products and services. Third year membership is based on year graduated from a chiropractic college.

Part-Time Member (\$335 yearly dues): Access to all regular membership privileges including member discounts on ICS CE programs, products and services. Part-time members must work twenty or less hours a week.

NON-VOTING ICS MEMBERSHIP LEVELS

Associate Member (\$130 yearly dues): Access to all regular membership privileges (except the right to vote) including member discounts on ICS CE programs, products and services.

Student Member (\$33 yearly dues): 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, 1st Year dues are waived.

Annual Dues: Fees listed are as of date listed in the front of the application and may change. You will be notified if the amount has changed.

Once your application is received and processed, it will be reviewed and approved at the next monthly ICS Membership Committee meeting. 85% of your dues may be tax deductible. Please consult your tax advisor.

Send completed application and payment to:

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

Join online at www.iowadcs.org!

