MASSACHUSETTS CHIROPRACTIC SOCIETY, INC.

OFFICIAL MEMBERSHIP APPLICATION

SUBMIT APPLICATION TO:
Massachusetts Chiropractic Society, Inc.
76 Woodland Street, Methuen, MA 01844
Email: mcs@masschiro.org
Fax: 978-975-0468

Please complete in its entirety. Please type or print.

NAME _____ ☐ **MALE** ☐ **FEMALE**
(If active, as you wish it to appear on your membership certificate)

DATE OF BIRTH_____ **MARITAL STATUS: (S,M,W,D)**_____ **SPOUSE'S NAME** _____

MASS. LICENSE NO. _____ **DATE LICENSED** _____ **YEARS IN PRACTICE** _____ **IN MASSACHUSETTS** _____

OFFICE ADDRESS _____ **OFFICE PHONE** (_____)_____

HOME ADDRESS _____ **HOME PHONE** (_____)_____

CELL PHONE (_____)_____ **FAX** (_____)_____

E-MAIL ADDRESS _____
(Please print clearly - Your e-mail address will not be published or distributed)

CHIROPRACTIC COLLEGE _____ **DATE GRADUATED** _____
(IF STUDENT, EXPECTED GRADUATION DATE)

HAVE YOU EVER HAD A LICENSE TO PRACTICE REFUSED, REVOKED, OR SUSPENDED ? ☐ **YES** ☐ **NO**
IF YES, PLEASE ATTACH A LETTER EXPLAINING FULLY.

MEMBERSHIP CLASSES - Please check appropriate box.

- ☐ 8TH (OR MORE) YEAR OF PRACTICE - $1,000
- ☐ 7TH YEAR OF PRACTICE - $840
- ☐ 6TH YEAR OF PRACTICE - $720
- ☐ 5TH YEAR OF PRACTICE - $600
- ☐ 4TH YEAR OF PRACTICE - $480
- ☐ 3RD YEAR OF PRACTICE - $360
- ☐ 2ND YEAR OF PRACTICE - $240
- ☐ 1ST YEAR OF PRACTICE - $120
- ☐ MILITARY (full time)- DUES EXEMPT
- ☐ AFFILIATE - (OUT OF STATE) - $50
- ☐ STUDENT - $10 (must join before graduation)

I, the undersigned, hereby make application for membership in the Massachusetts Chiropractic Society. Inc. I hereby agree to conform to all rules and regulations as printed in the Constitution and By Laws, or other regulations and laws which may be enacted hereafter by the Society, and agree to govern myself strictly to its Code of Ethics. I agree to keep the Secretary informed of any changes of address, to pay my dues and assessments, if any, within thirty days after notice, and to participate in Massachusetts Chiropractic Society and Local Society Activities.

Date _____ **Signature** _____

DUES MUST ACCOMPANY APPLICATION.

METHOD OF PAYMENT

☐ Check Enclosed ☐ Mastercard ☐ Visa

Card No._____ Exp. Date _____

Signature_____ Amount $_____

Cardholder's Billing Address and Zip Code

_____

If paying by check, make payable to MCS.
Questions? Call 1-800-442-6155 or 978-682-8242.

DO NOT WRITE IN THIS AREA

Date application received:

_____

Date approved by Board of Directors:

_____

Amount received with application:

$_____

Date approved by General Membership

_____