



Join the Chiropractic Fellowship Of Pennsylvania

Working to protect your license!

New Monthly Payment Option

\$50 per month automatic deduction
for annual membership level:

In practice more than two years - \$500

Credit Card Authorization

Fax to 717-236-2046 or scan and email to info@chirofellowpa.org. Questions? 717-441-6042

Name: _____

Company: _____

Billing Address of Credit Card: _____

Billing City, State & Zip: _____

Telephone: _____

Email: _____

Credit Card Information

I authorize CFoP to deduct my credit card as checked below (please check one)

- | | |
|---|--|
| <input type="checkbox"/> \$50 per month for 10 months | <input type="checkbox"/> \$50 per month continuously past 10 months |
| <input type="checkbox"/> \$125 quarterly for one year | <input type="checkbox"/> \$125 continuously each quarter past one year |
| <input type="checkbox"/> \$500 annually for one year | <input type="checkbox"/> \$500 per year past one year |

Name on credit card: _____ (please print)

Card Number: _____ Type of Card: VISA MasterCard Am. Exp. CC Billing Zip Code _____

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Expiration Date: _____ V Code: _____ Signature: _____