

## CFoP Membership Application

please print clearly

Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

County \_\_\_\_\_ License Number \_\_\_\_\_

Email Address \_\_\_\_\_

### Years in Practice:

Student  0-2 years  Retired (no active license)

More than 2 years - # of years \_\_\_\_\_

### Annual Dues

\$200 – First 2 years in practice

\$250 – Associate DC in practice/Part Time (16 or less hours per week)

\$500 – More than 2 years in practice

\$25 – Student/Retired/Non-active License

\$25 - Out of State

Dues year is Jan-Dec. Contact the office for a quarterly pro-rated dues amount if joining after March.

### Payment

Check  Credit Card

### Credit Card Information

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_



Mail or fax application with payment to:  
Chiropractic Fellowship of Pennsylvania  
908 North Second Street | Harrisburg, PA 17102  
717-441-6042 – phone | 717-236-2046 – fax  
info@chirofellowpa.org | www.chirofellowpa.org

A Basis in Philosophy  
A Tradition of Caring