



Est. 1967  
**CHIROPRACTIC  
FELLOWSHIP**  
of Pennsylvania

# Chiropractic Fellowship of Pennsylvania

*Working to Protect Your License!*

## Membership Credit Card Authorization

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information

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

#### First two years in practice

- One payment of \$200
- Two payments of \$100 for two consecutive months

#### More than two years in practice

- One payment of \$500
- Two payments of \$250 for two consecutive months

#### Associate DC in practice/Part time (16 hours or less per week)

- One payment of \$250
- Two payments of \$125 for two consecutive months

#### Student/Retired DC (Non-active license/Out-of-state DC)

- \$25 annually

### Credit Card Information

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

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

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

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

Mail, fax, or email completed form to:  
**Chiropractic Fellowship of Pennsylvania**  
908 North Second Street • Harrisburg, PA 17102  
717-441-6042 – phone • 717-236-2046 – fax  
[info@chirofellowpa.org](mailto:info@chirofellowpa.org) • [www.chirofellowpa.org](http://www.chirofellowpa.org)