

******RENEWAL FORM******
American Academy of Chiropractic Physicians
2005 – 2006 Renewal Membership Dues

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Membership renewal for July 1, 2005 through June 30, 2006

- Member (DC, DO, MD) - \$150
- College Member - \$500
- Associate Member (non-physician) - \$150
- Student Member - \$35
- Corporate Member - \$500

Please accept my additional contribution of \$____ to further the work of the Academy

Credit Card # _____ - _____ - _____ - _____ Exp. _____

Card Type Visa – or - Mastercard Fax to Tracy at (630) 889-6600

Make checks payable to: AACP - American Academy of Chiropractic Physicians
Ms. Tracy McHugh
200 E. Roosevelt Rd.
Lombard, Illinois 60148

Signature: _____ Date: _____

By completing and signing this application for membership, the applicant supports and fosters the tenets and purposes of AACP. Lack of support and fostering of the tenets and purposes of AACP will lead to denial or revocation of membership.

Each dues paying member receives an annual subscription to the Journal of Chiropractic Medicine as part of their dues at no extra charge.

THANK YOU FOR YOUR SUPPORT!

____ **I do not wish to renew my membership.**
(fax to Tracy McHugh at (630) 889-6600 so you can be removed from our list)

Reason: _____

Name: _____