

**Flagler Volusia County Chiropractic Society  
Application for Membership**

Name \_\_\_\_\_  
Office Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Website \_\_\_\_\_

**Membership Categories and Dues Amounts**

**\_\_\_ Active DC Member - \$100 annually**

Active DC members shall be limited to those licensed and practicing in Flagler or Volusia Counties. They enjoy all the privileges of membership.

**\_\_\_ Retired DC Member - \$50 annually**

Retired DC members shall be limited to DC's who are retired and not actively in practice. They enjoy all the privileges of membership at a reduced annual rate.

**\_\_\_ Student Member - Free**

Must be a full time student enrolled in a Chiropractic college. Shall enjoy the privileges of membership, but not entitled to vote.

**I agree that FVCS:**

**\_\_\_ may** publish my office information on the FVCS website and directory

**\_\_\_ may not** publish my office information on the FVCS website and directory

**Make your check out to FVCS and remit to:**

Dr. Jeremy Gordon  
905 North Stone Street  
DeLand, FL. 32720

**Special for 2017**

**Make your \$100 check out to FVCS PAC  
and get a free membership**

**Do Your Part ... Join Now**