

SACRO OCCIPITAL RESEARCH SOCIETY INTERNATIONAL

DOCTOR - Membership Application

Name _____

Office Address _____

City _____ State _____ Zip _____

Telephone _____

Office Fax: _____

E-Mail _____

Website _____

Doctor Membership Fees:

1st or 2nd Yr DC \$100 _____

Regular Member \$200 _____

Lifetime Member \$5,000 _____

(If you need to set up a payment plan, please contact Candice at the office.)

Please include the following information

State/License No: _____

Malpractice insurance policy information:

Insurance Carrier Name: _____ Policy # _____

New Member _____ Yes or No

“Sponsor a Student” program & earn “SORSI bucks” _____

Use “SORSI Bucks” to use for all SORSI fees, books, videos and trainings. For every new student member that you sponsor, who lists you as their sponsor, you will receive \$20 "SORSI Bucks".

Therefore, if you pay for their membership of \$50.00, you will receive \$20 "SORSI Bucks" to use however you choose.

Submit application:

_____ Check payable to SORSI, P.O. Box 24361, Overland Park, KS 66283

_____ VISA/AM EX/MC _____ Exp. Date _____

3 or 4 digit security code _____

Name as listed on credit card _____

Phone: ((913) 239-0228

Fax: (913) 239-0305