



Broward County

Chiropractic Society

BCCS *VIP Membership Application Form:

1. Your contact information

Name: _____

Email: _____

Phone: _____

Fax: _____

2. Business information

Business name: _____

Business address: _____

Business phone: _____

Website: _____

Business description or slogan:

Does your business have a logo or picture of the doctor you would like to use? (If so provide it here)

3. Select a 1-year VIP Membership Includes:

- A. Complimentary admission to our Quarterly networking / educational events.
- B. Complimentary admission to our Quarterly meetings (light snacks provided).
- C. One complimentary Classified Ad/ quarter (\$25.00 each additional ad)
- D. Become a Provider on our "find a Provider" list on our website.
- E. One Complimentary post to our Facebook page, (pending approval) per quarter (\$25 each add.)
- F. Great discounts and products from our sponsors

Have a voice in our Profession. Together we can MAKE A DIFFERENCE! #powerinnumbers

4. Payment method

_____ Check enclosed \$100.00

Made payable to:

Broward County Chiropractic Society

Please return completed form and check by mail to:

8430 W Broward Blvd #250, Plantation, FL 33324.

Signature: _____

Date: _____

Please return completed form to BCCS by mail to 8430 W Broward Blvd #250, Plantation, FL 33324.

Please call 954-772-9052 with questions or for more information.

Browardcountychiroociety@gmail.com

*Pending Review and Approval By Our Governing Board