

US Chiropractic Directory - Enrollment Form

Fee: **please circle one**

\$240* for 12 months

\$0 for a free listing

PLEASE PRINT CLEARLY

Desired Username:

Desired Password:

Legal Clinic Name:

Doctor's Name:

Doctor's Credentials after DC:

Address:

City:

State & Zip Code:

County:

Email: _____@_____

Telephone:

Fax:

PREFERRED LISTING ONLY:

Clinic Hours: M Tu W Th F Sa Su

Memberships: ACA, ICA Other:

Languages Spoken (circle): English Arabic French German Greek Hebrew Italian
Japanese Mandarin Polish Portuguese Russian Spanish Turkish Other:

Insurances/Payments Accepted (circle): Auto Accident Workers Compensation
Medicare Cash Plans Credit Cards Managed Care/Major Med-List

Do you have a clinic logo or picture for the directory? (Circle one) No Yes

If so, we will e-mail you instructions on how to upload your picture when updating your listing.

Desired Zip Codes: You get 3 zip codes with your listing. We can automatically add “the other” zip codes for you by geographic proximity if you simply circle “add.”

1. Primary:
2. Other: add or:
3. Other: add or:
4. Optional: add or: Each optional zip code is \$7/ month
5. Optional add or: Each optional zip code is \$7/ month
6. Optional add or: Each optional zip code is \$7/ month

You will be e-mailed a listing confirmation within 72 hours along with instructions on how to change anything on your listing, add your clinic description and build your curriculum vitae.

Credit Card Information

Name on Card:

Number:

Exp. Date:

CVV Number:

Billing Address – (circle) same as office or:

I authorize the US Chiropractic Directory to bill my credit card for the above amount and auto bill every month or year. **I can stop at anytime for any reason with an e-mail to support.**

EVERYONE HAS TO SIGN BELOW

I agree to the terms, conditions and privacy policy of the US Chiropractic Directory as posted on the Web site.

Signature

Date

When completed fax to: 661-843-1062