

Instructions: Membership Subscription Page – Retired Chiropractor & Chiropractic Patients

The following instructions are for patients completing the subscription page.

I) Create your user name and password

Membership Subscription

[Print Instructions for Chiropractors](#)
[Print Instructions for Patients and Supporters](#)

Click [here](#) to read information about your membership

* Required Field

Create your user name and password

User Name*: ?

Password*: ?

Security Question: What's last four digit of social security numl ?

Security Answer: ?

- User Names (u/n) and Passwords (p/w) are case sensitive (capital and/or small case letters).
- Security Question/Answer: In case you forget your User Name or Password :
 - Please select your question.
 - Then type in your answer in the field provided.
 - If you forgot your user name or password, go to item (IV)

II) Enter your information

Please enter your information:

Member Category*: Chiropractic Supporter ?

Older than 18 years-old? ☒ Yes, I am. ☐ No, I am not. ?

Title (Salutation)* Please Select ?

First Name and MI* ?

Last Name* ?

Phone 1 - - - [IDD-Area Code-7 Digits] ?

Email Address* ?

Re-Type Email Address* ?

How did you hear about us? Select ?

Field Name	Description
Membership Category*	Please Select one from the list.
Older than 18 years old?*	Must be of voting age, to participate on ATV.org.
Title (Salutation)*	Necessary for future correspondence.
First Name and MI*	Please type, exactly, as you want your first name and initial (with period) to appear in correspondence to your legislators.
Last Name*	Please type, exactly, as you want your last name to appear in correspondence.
Phone	Telephone number you are most easily reached. You will have an opportunity to add other numbers when you re-visit the site.
Email Address*	Enter email address to receive legislative newsletters and alerts.
Re-type Email Address*	Re-type email address to eliminate errors in your primary email address, above.
How did you hear about us?	IMPORTANT: If you were referred by your doctor, CLICK on "From My Doctor". A field will appear. Enter your doctor's last name first and select your doctor and town from the drop down list (if your doctor is in the data base). You will be added to your doctor's patient data base.

III) Entering Address

*Home Address

(Your home address determines which districts you vote in, and thus, who your Congressional and State Representatives are.)

Address 1*

?

Address 2

?

City*

?

State*

Please Select

?

Zip Code*

?

Address Validation

?

☐ * By checking here, I agree to the [USER AGREEMENT.](#) ?

Submit

?

Reset

?

Field Name	Description
Address 1*	Required for communications and required for address validation: Please include your physical address, if possible. "Address Validation" will be based on this field (or your zip code).
Address 2	Not required: You may include apartment or suite number in this field, if "Address 1" is too long.
City*	Required for communications.
State*	Required for communications.
Zip Code*	Required for communications and required for address validation: Please include your physical address and zip code. "Address Validation" will be based on your physical address and this field.
Address Validation	VERY IMPORTANT: Address Validation is necessary to assign congressional and state district numbers to your address; to properly identify your legislators for preparing personally addressed correspondence for your signature (emails, letters, faxes).
User Agreement*	Necessary to allow <i>AdjustTheVote.org</i> , (ATV.org), the International Chiropractors Association (ICA), the ICA Political Action Committee (PAC) or a state affiliate chiropractic organization to contact you directly on issues important to the chiropractic community.
Submit	Must click "submit" to record your data. You will receive an email confirmation letter from ATV.org (unless you have email blocking software). If you do not receive an email confirmation, please update your email software to accept email from AdjustTheVote.org.
Reset	Click to cancel or to start over.

Note: The fields marked with "*" are required .

IV) Forgotten User Name (u/n) or Password (p/w)

- When you log into the site you are required to use a User Name and Password.
- If you forget either the u/n or p/w (or mistype either), you will receive the following message:

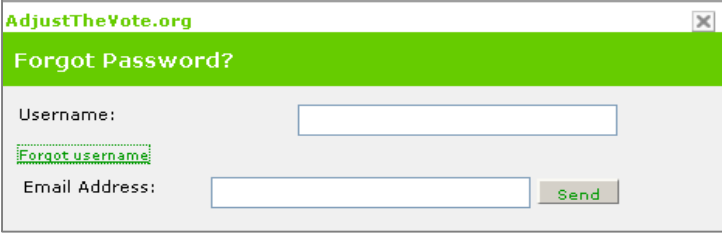
Invalid Login or Password or You Are Blocked.

- You may request your u/n and p/w by clicking "here" from the following message:

If you have forgotten your username or password, click [here](#).

- When clicking "here", you will be prompted for your User name.

- ❑ If you Forgot your user name, click on [Forgot username](#) link and following Window will appear asking for your email address.



AdjustTheVote.org

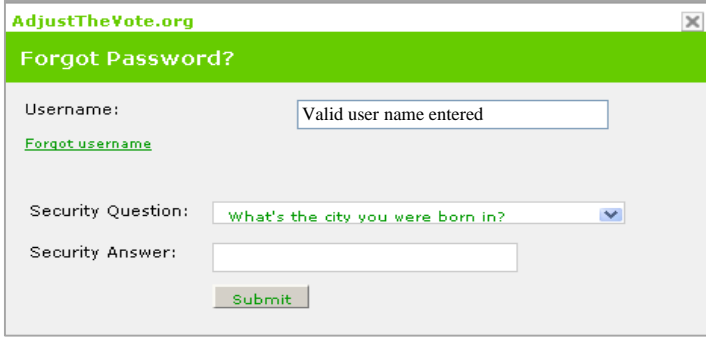
Forgot Password?

Username:

[Forgot username](#)

Email Address:

- ❑ After entering a valid email address, a mail will be sent to you containing your user name.



AdjustTheVote.org

Forgot Password?

Username:

[Forgot username](#)

Security Question:

Security Answer:

- After entering a valid user name:
 - The security question you originally provided will appear. Simply answer the question, and click “Submit”.
 - The system will match your original answer to the one provided and (if correct) will forward your u/n and p/w to your email address.
- Note: If you are unable to log-in or recover your user name and password, as described above, please click “Contact Us” for “Technical Support”. ATV.org will need your full name and address, email address, and telephone and fax numbers.