



# 2008-2009 MEMBERSHIP APPLICATION

First Name	Middle Initial	Last Name	Suffix/Designation(s)
Email (for ACA correspondence only)		Phone	Fax
Clinic/Business Name		Web Site	
Street Address		Suite #	
City	State	Zip	Home Zip – for Cong. District
Chiropractic College(s) with Graduation Date(s)		Member who encouraged me to join	Date of Birth

## MEMBERSHIP CATEGORIES

## MEMBERSHIP DUES

	Annual	Monthly
<input type="checkbox"/> <b>Governor's Advisory Cabinet*</b> - Licensed DC/ <i>General</i> member who receives enhanced benefits.....	\$1,200	(\$100.00)
<input type="checkbox"/> <b>General*</b> - Licensed DC practicing full-time in a chiropractic clinic in the U.S.....	\$630	(\$52.50)
<input type="checkbox"/> <b>Family*</b> - Licensed DC practicing full-time in a chiropractic clinic with an immediate family member/ <i>General</i> member.....	\$315	(\$26.25)
ACA membership # of family member: _____		
<input type="checkbox"/> <b>Student</b> - Full-time student in DC program of an accredited chiropractic college (dues good through graduation).....	\$60	(n/a)
<input type="checkbox"/> <b>New Graduate*</b> - Recent graduate (within 1 year from graduation date) of a chiropractic college .....	(one year FREE)	
<input type="checkbox"/> <b>New Practitioner*</b> - Licensed DC who is 2-5 years from graduation date (dues vary):		
<input type="checkbox"/> 2 <sup>nd</sup> year after graduation.....	\$120	(\$10.00)
<input type="checkbox"/> 3 <sup>rd</sup> year after graduation.....	\$240	(\$20.00)
<input type="checkbox"/> 4 <sup>th</sup> year after graduation.....	\$360	(\$30.00)
<input type="checkbox"/> 5 <sup>th</sup> year after graduation.....	\$480	(\$40.00)
<input type="checkbox"/> <b>Sustaining</b> - Licensed DC practicing part-time ~OR~ practicing full time at a military or VA facility.....	\$315	(\$26.25)
<input type="checkbox"/> <b>Associate</b> - Non-practicing licensed DC or non-DC.....	\$157.50	(\$13.13)
<input type="checkbox"/> Faculty member at a chiropractic college	<input type="checkbox"/> Currently serving in the US armed forces	
<input type="checkbox"/> Chiropractic Assistant employed by a non-ACA member	<input type="checkbox"/> Other	
<input type="checkbox"/> <b>International</b> - Licensed DC practicing outside of the U.S. ....	\$157.50	(\$13.13)
<input type="checkbox"/> <b>Supporting</b> - Supplier of chiropractic products or services.....	\$630	(\$25.50)

\* Registration for FREE Chiropractic Assistant memberships (part of this category's member benefits) to be sent after application processing

## PAYMENT OPTIONS

- EZ Pay Credit/Bank draft\*\*- monthly automatic debit toward dues (complete credit card/banking information below). If drafting from checking account, please attach a voided check
- Pay in full - please enclose check or complete credit card section below

Credit Card:  Visa  MasterCard  Discover  American Express

Full Billing Address (if different from above)

Name as it Appears on Account	Account Number	Security Code	Expire Date
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**\*\*MONTHLY "EZ PAY" APPLICANTS:** I authorize ACA to initiate on or about the 15<sup>th</sup> of each month debit entries to my credit card or bank account. These debits shall be for the amount of my monthly dues payments. I understand the amount will change if there are changes to my ACA membership category or dues. This agreement will remain in effect unless I notify ACA in writing to cancel it.

**DOCTOR APPLICANTS:** I certify that I am currently a Doctor of Chiropractic. I pledge to abide by the ACA Code of Ethics. I understand that my continued membership is contingent upon my adherence to this code.

**ALL APPLICANTS:** I certify that the information provided herein is complete and accurate. I pledge to support ACA bylaws and policies, as they are now and as they may be amended. I understand that my application is subject to ACA approval and that I will be notified of this action.

Applicant Signature

Date

ACA Code: 3107