Student American Chiropractic Association

STUDENT MEMBERSHIP APPLICATION

First Name | **Middle Initial** | **Last Name** | **Suffix**

Email (for ACA correspondence only) | **Phone**

Street Address | **Apt/Unit #**

City | **State** | **Zip** | **Date of Birth**

Chiropractic College | **Expected Graduation Month/Year**

Name of member who encouraged me to join

MEMBERSHIP CATEGORY	MEMBERSHIP DUES
☐ **Student-** Full-time student in DC program of an accredited chiropractic college	**$60** (from enrollment to graduation)

PAYMENT OPTIONS

☐Pay in full – Check enclosed for dues
☐Pay in full – Charge credit card for dues
Credit Card: ❍Visa ❍MasterCard ❍Discover ❍American Express

Full Billing Address (if different from above)

Name as it Appears on Card | Card Number | CVV#/CID# | Exp. Date

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.

[ACA CODE:]

ACA
By Mail: 1701 Clarendon Blvd., Arlington, VA, 22209
By Phone: 703.276.8800
By Fax: 703.243.2593

Applicant Signature | **Date**

Contributions (or gifts), dues and fees to ACA are not tax deductible as charitable contributions for federal income tax purposes.
To the extent that ACA does engage in lobbying activities, 94% of ACA membership dues in 2007 may be deductible as an ordinary and necessary business expense.