

HOW TO PROCESS NEW STUDENT MEMBERSHIPS

Membership applications are available from ACA headquarters, or can be downloaded from the ACA website at www.acatoday.org Student ACA Dues are a one-time fee of \$60.00 payable by check or credit card.

1. Collect the applications and make sure every application:
 - Includes payment. Payment can be either from individuals, or one check from your chapter or school as payment for all the enclosed applications. Applications without payment **will not** be processed by ACA.
 - Has Complete Contact Information. We are unable to service members that do not provide a complete mailing address. Please check the address and phone number and make sure the applicant's handwriting is legible.
 - Includes an Email Address. An email address is not required, but many SACA benefits are provided via email. ACA does not share or sell email addresses. Students that include their email address will receive the user id and password required to access the member's only areas of the website.
 - Include **Expected Date of Graduation**. Expiration date for the membership is set according to this date. ACA will send a mailing 30-60 days before the date to ask the student if they are
 - 1) Still a student and would like to continue their student membership, or
 - 2) Graduating and would like to convert their membership to the New Graduate category.
2. Complete the "Application cover sheet" below.
3. As soon as possible, but no later than 15 days after you receive the applications from the new member(s), mail
 - Cover sheet,
 - Applications,
 - Mail payment to: (preferred mailing method UPS, Fed-Ex, DHL, USPS)
American Chiropractic Association
1701 Clarendon Blvd.
Arlington VA 22209
Attn: Membership/SACA
4. Be sure to make copies of each application for your records.

Processing time at ACA for applications is 5-10 business days. New SACA members will receive a welcome package from ACA headquarters.



1701 Clarendon Blvd • Arlington VA 22209 • Tel (800)986-4636 • Fax (703)243-2593 • www.acatoday.org

Applications Summary Sheet

IMPORTANT: Include this form as a cover sheet EVERY time you submit membership applications to ACA headquarters. Be sure that you fill out all the information and that proper payment is enclosed. Mail to:

American Chiropractic Association
1701 Clarendon Blvd.
Arlington VA 22209
Attn: Membership/SACA

Date Mailed ____/____/____

College Submitting Applications: _____

College City/State _____

SACA Contact for these applications: _____

Phone: (____) _____ E-mail: _____

Enclosed:

Number of Apps.
Enclosed



Membership dues
Per Application



Total Amount Enclosed

Payment Information:

Please do NOT send cash

Check from college in the amount of:

Checks/credit cards from students



TOTAL PAYMENT ENCLOSED:

Checklist:

- Is there a complete mailing address for each application?
- Is the applicant's handwriting legible?
- Is there a phone number and/or email address for each application?
- Is payment included for each application?
- Did you make copies of the applications for your records.

• *IF any of the above items are not completed, this could delay the processing of your applications. Applications received without payment will not be processed.*