



2009-2010 MEMBERSHIP APPLICATION

First Name	Middle Initial	Last Name	Suffix/Designation(s)
Clinic/Business Name		Web Site	
Street Address	Suite #	Address Type (Work/Home/Other)	
City	State	Zip	Home Zip – for Cong. District
Email (for ACA correspondence only)	Phone	Fax	
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"/> Governor's Advisory Cabinet* - Licensed DC/ <i>General</i> member who receives enhanced benefits.....	\$1,200	(\$100.00)
<input type="checkbox"/> General* - Licensed DC practicing full-time in a chiropractic clinic in the U.S.....	\$630	(\$52.50)
<input type="checkbox"/> Family* - 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"/> Student - Full-time student in DC program of an accredited chiropractic college (dues good through graduation).....	\$60	(n/a)
<input type="checkbox"/> New Graduate* - Recent graduate (within 1 year from graduation date) of a chiropractic college	(one year FREE)	
<input type="checkbox"/> New Practitioner* - Licensed DC who is 2-5 years from graduation date (dues vary):		
<input type="checkbox"/> 2 nd year after graduation.....	\$120	(\$10.00)
<input type="checkbox"/> 3 rd year after graduation.....	\$240	(\$20.00)
<input type="checkbox"/> 4 th year after graduation.....	\$360	(\$30.00)
<input type="checkbox"/> 5 th year after graduation.....	\$480	(\$40.00)
<input type="checkbox"/> Sustaining - Licensed DC practicing part-time ~OR~ practicing full time at a military or VA facility.....	\$315	(\$26.25)
<input type="checkbox"/> Associate - 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"/> International - Licensed DC practicing outside of the U.S.....	\$157.50	(\$13.13)
<input type="checkbox"/> Supporting - Supplier of chiropractic products or services.....	\$630	(\$52.50)

* 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

****MONTHLY "EZ PAY" APPLICANTS:** I authorize ACA to initiate on or about the 15th 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:

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 engages in lobbying activities, 94% of ACA membership dues in 2009 may be deductible as an ordinary and necessary business expense.