



Student
American
Chiropractic
Association

STUDENT MEMBERSHIP APPLICATION

Prefix (Mr./Ms./Mrs.) First Name Middle Initial Last Name Suffix

Home Address Apt/Unit #

City State Zip

Home Phone # Cell Phone # Preferred Email Address

Expected Graduation Month/Year Chiropractic College

Date of Birth ACA 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.

[SOURCE CODE: 3107]

ACA
By Mail: 1701 Clarendon Blvd., Arlington, VA, 22209
By Fax: 703.243.2593
Questions 1-800-986-4636

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 2010 may be deductible as an ordinary and necessary business expense.