



# MEMBERSHIP APPLICATION

The future of chiropractic is now.

(Please Print)

*To join ACA American College of Clinical Electrodiagnosis (ACCE), you must be an ACA member and ACA Rehab Council member in good standing.*

ACA Membership ID Number (Required): \_\_\_\_\_

Full Name: \_\_\_\_\_

Practice/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: Home/Mobile (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Chiropractic/Medical School: \_\_\_\_\_

State of Current Licensure: \_\_\_\_\_

### Membership Category

General Membership: \$100.00

Student Membership: FREE

If paying by check, please make payable to American College of Clinical Electrodiagnosis at the attention of the ACA Director of Component Relations. You can submit your application by mail, phone (703-812-0209), or fax (703-243-2593). For your security, we ask that you refrain from emailing financial information. If you have questions, email [bclifton@acatoday.org](mailto:bclifton@acatoday.org).

Credit Card Number: \_\_\_\_\_

Full name as it appears on your card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I certify that the information provided herein is complete and accurate. I agree to support the bylaws of ACA and ACA ACCE now and as they may be amended. I understand that my application is subject to ACA approval and I will be notified of this action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_