MEMBERSHIP APPLICATION

The future of chiropractic is now.

FIRST NAME ____ MI ____ LAST NAME ____ SUFFIX ____

ADDRESS ____ APT/UNIT # ____

CITY ____ STATE ____ ZIP CODE ____

HOME PHONE ____ MOBILE ____

PERMANENT EMAIL ____
(We prefer to have your personal email on file.)

CHIROPRACTIC COLLEGE ____ DATE OF GRADUATION ____

DATE OF BIRTH ____ ACA MEMBER WHO ENCOURAGED ME TO JOIN ____

1. STUDENT MEMBERSHIP

☐ **Full-time student in DC program of an accredited chiropractic college** **$60**
(covers entire enrollment plus one FREE year of membership after graduation)

2. ADD SPECIALTY COUNCIL MEMBERSHIP (OPTIONAL)

ACA Specialty Councils are specialty-specific communities within ACA focused on the unique needs of your practice.

- ☐ ACUPUNCTURE $38
- ☐ WOMEN'S HEALTH FREE
- ☐ DIAGNOSIS AND INTERNAL DISORDERS $40
- ☐ DIAGNOSTIC IMAGING FREE
- ☐ FORENSIC SCIENCES FREE
- ☐ NEUROLOGY $40
- ☐ NUTRITION $50
- ☐ OCCUPATIONAL HEALTH FREE
- ☐ PEDIATRICS FREE
- ☐ PHYSIOLOGICAL THERAPEUTICS AND REHABILITATION FREE
- ☐ SPORTS INJURIES AND PHYSICAL FITNESS $55

3. DONATE TO ACA (OPTIONAL)

ACA PAC is the only political action committee dedicated to electing pro-chiropractic members to the U.S. House and Senate. Only personal funds allowed. Contributions are not tax deductible.

ANNUAL CONTRIBUTION	MONTHLY CONTRIBUTION
☐ $10	☐ $120
☐ other amount: ____	☐ other amount: ____

4. PAYMENT

☐ CHECK ENCLOSED MADE OUT TO THE AMERICAN CHIROPRACTIC ASSOCIATION

☐ CHARGE MY CREDIT CARD

NAME AS IT APPEARS ON ACCOUNT: ____

CREDIT/DEBIT #: ____ SECURITY CODE: ____ EXPIRATION DATE: ____

AMOUNT TO CHARGE: ____ SIGNATURE: ____

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.

SIGNATURE OF APPLICANT: ____ DATE: ____

RETURN APPLICATION TO:

American Chiropractic Association
1701 Clarendon Blvd., Suite 200
Arlington, VA 22209

QUESTIONS?

Phone: 703-276-8800 | Fax: 703-243-2593
memberinfo@acatoday.org | www.acatoday.org

acatoday.org/join