



FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____ DEGREES: _____

CLINIC NAME (if applicable): _____ WEBSITE: _____

ADDRESS: _____ APT./UNIT #: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ DATE OF GRADUATION: _____

ZIP CODE: _____ COUNTRY: _____ CHIROPRACTIC COLLEGE: _____

SHOW ADDRESS IN ONLINE SEARCH? YES NO IS ADDRESS? WORK HOME

WORK PHONE: _____ MOBILE: _____ EMAIL: _____

CONTACT ID: _____ ENCOURAGED TO JOIN BY: _____

1. NEW PRACTITIONER PREPAID PLAN (SELECT ONE)

MONTHLY
DUES

ANNUAL
DUES

ONE-TIME FEE

\$660

MONTHLY FEE

\$55

2. ADD SPECIALTY COUNCIL MEMBERSHIP (OPTIONAL)

ACA Specialty Councils are specialty-specific communities within ACA focused on the unique needs of your practice. Specialty Council dues are billed yearly and will not be included in EZ Pay.

ACUPUNCTURE	\$145	FORENSIC SCIENCES	\$150	OCCUPATIONAL HEALTH	\$80
WOMEN'S HEALTH	\$80	NEUROLOGY	\$115	PHYSIOLOGICAL THERAPEUTICS AND REHABILITATION	\$130
DIAGNOSTIC IMAGING	\$150	NUTRITION	\$150	SPORTS INJURIES AND PHYSICAL FITNESS	\$150
PEDIATRICS	\$85	DIAGNOSIS AND INTERNAL DISORDERS	\$120		
ORTHOPEDICS	\$100				

3. DONATE TO ACA (OPTIONAL)

MONTHLY
CONTRIBUTION

ANNUAL
CONTRIBUTION

ACA-PAC

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.

\$10

\$120

other amount: _____

other amount: _____

NCLAF

The National Chiropractic Legal Action Fund is used to help fund lawsuits that threaten freedom of choice and access to healthcare. Contributions are not tax deductible.

\$10

\$120

other amount: _____

other amount: _____

ACF

The American Chiropractic Foundation furthers the mission of DCs, emphasizing the importance of education, research, and awareness. Contributions are tax deductible.

\$10

\$120

other amount: _____

other amount: _____

4. PAYMENT

PAY IN FULL - please enclose a check made out to the American Chiropractic Association or complete the credit card section below.

EZ PAY - EZPay - monthly auto-drafts from authorized credit card or checking account

NAME AS IT APPEARS ON ACCOUNT: _____

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

AMOUNT TO CHARGE: _____ SIGNATURE: _____

EZ PAY APPLICANTS: I authorize ACA to initiate on or about the 11th of each month debit entries to my credit card. I understand 1/12 of the annual membership dues will be charged to my designated account and that monthly payments are not refundable. 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. Cancellations will not be accepted during the first 12 months of membership.

DOCTOR APPLICANTS: I certify that I'm currently a Doctor of Chiropractic. I certify that I have read the ACA code of Ethics and pledge to abide by it.

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: _____

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, 84% of ACA membership dues in 2026 may be deductible as an ordinary and necessary business expense.

REFUND POLICY

Memberships are 12 months and renew on each anniversary date. Requests for membership cancellation and dues refunds must be made in writing to memberinfo@acatoday.org, subject line "Membership Dues Refund Request", within 30 days of receipt of payment for full dues only. Requests received after 30 days are not eligible for refund or cancellation. Monthly installment payments are not eligible for refunds. Dues waivers for hardship must be submitted to state delegate for consideration. Specialty council membership cancellation and refunds must be submitted directly to the council.



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