



2008/09 MEMBERSHIP APPLICATION

First Name	Middle Initial	Last Name	Suffix/Designation(s)
Email (for ACA correspondence only)		Phone	Fax
Clinic/Business Name		Web Site	
Street Address		Ste #	
City	State	Zip	Date of Birth
Chiropractic College(s) with Graduation Date(s)		Name of member who encouraged me to join	

MEMBERSHIP CATEGORIES

MEMBERSHIP DUES

	Per Year	Per Month**
<input type="checkbox"/> Governor's Advisory Cabinet* - Licensed DC/ <i>General</i> member who receives enhanced "GAC" benefits	\$1,200	(\$100)
<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 ACA membership # of family member: _____	\$315	(\$26.25)
<input type="checkbox"/> New Practitioner* - Licensed DC who is 2-5 years from graduation date (dues vary): () 2 nd year after graduation = \$120 () 3 rd year = \$240 / \$20 () 4 th year = \$360 / \$30 () 5 th year = \$480 / \$40		(\$10)
<input type="checkbox"/> New Graduate* - Recent graduate (within 1 year from graduation date) of a chiropractic college		(one year FREE)
<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 () Faculty member at a chiropractic college () Currently serving in the US armed forces () Chiropractic Assistant employed by a non-ACA member () Other	\$158	(\$13.20)
<input type="checkbox"/> International - Licensed DC practicing outside of the U.S.	\$158	(\$13.20)
<input type="checkbox"/> Supporting - Supplier of chiropractic products or services	\$630	(\$25.50)
<input type="checkbox"/> Student - Full-time student in DC program of an accredited chiropractic college (dues cover through graduation)	\$60	(n/a)

* Sign-up form for FREE Chiropractic Assistant memberships (part of this category's member benefits) to be sent after application processing

PAYMENT OPTIONS

- EZ Pay Debit** - monthly automatic debit toward dues (complete credit card information below)
- EZ Pay EFT** - monthly electronic funds transfer toward dues (attach blank check with application)
- Pay in full - charge credit card for annual dues (complete credit card information below)
- Pay in full - deposit check for annual dues (attach endorsed check with application)
- Credit Card: Visa MasterCard Discover American Express

Full Billing Address (if different from above)

Name as it Appears on Card Card 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 account. I hereby authorize the depository institution named above to debit the same from my 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 affect 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.

[ACA CODE: 3107]

[ACA— By Mail: 1701 Clarendon Blvd., Arlington, VA, 22209; By Phone: 703.276.8800; By Fax: 703.243.2593]

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 2008 may be deductible as an ordinary and necessary business expense.