



Membership Application

ACA → Leading Students into the Future



Prefix (Mr./Ms./Mrs.) _____ First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Home Address: _____ Apt./Unit# _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Mobile: _____
 Permanent Email: _____
 Chiropractic College: _____ Expected Graduation Month/Year: _____
 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 (from enrollment to graduation)

2 ADD SPECIALTY COUNCIL MEMBERSHIP (optional)

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Acupuncture | \$37.50 | <input type="checkbox"/> Occupational Health | Free |
| <input type="checkbox"/> Diagnosis and Internal Disorders | \$40.00 | <input type="checkbox"/> Orthopedics | \$10.00 |
| <input type="checkbox"/> Diagnostic Imaging | \$25.00 | <input type="checkbox"/> Pediatrics | Free |
| <input type="checkbox"/> Forensic Sciences | Free | <input type="checkbox"/> Physiological Therapeutics & Rehabilitation | Free |
| <input type="checkbox"/> Neurology | \$25.00 | <input type="checkbox"/> Sports Injuries & Physical Fitness | \$55.00 |
| <input type="checkbox"/> Nutrition | \$25.00 | | |

3 DONATE TO THE ACA (optional)

ACA PAC ACA PAC is the only political action committee dedicated to electing pro-chiropractic members to the US House and Senate. Only personal funds allowed. Not tax deductible.

Suggested Contribution		
Monthly	Annual	Other
<input type="checkbox"/> \$5	<input type="checkbox"/> \$60	<input type="checkbox"/> _____

4 PAYMENT

Check enclosed made out to the American Chiropractic Association. Total amount enclosed: _____

Charge my credit card: Visa MasterCard Discover AmEx Total amount to charge: _____

Name as it appears on card: _____

Card #: _____ Security Code: _____ Expiration Date: _____

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:** _____

ACA Use Only

Source Code: _____

Revision Date: _____

Return application to:
 American Chiropractic Association
 1701 Clarendon Blvd., Suite 200, Arlington VA 22209
 Phone: 800-986-4636 / Fax: 703-243-2593
memberinfo@acatoday.org / www.acatoday.org



SACA Member Benefits

- ➔ **Online New Doctor Toolkit.** A variety of helpful tools and resources to help you before and after you graduate from college. Tools include checklist for obtaining your license, a checklist for finding a job, opening and promoting a practice and much more.
- ➔ **ACA Career Center.** Post your resume online for prospective employers to search for you or you can search potential employers online 24/7.
- ➔ **Young Professional Webinars.** Don't miss out on this great opportunity! If you have topics you would like to see covered send us an email and we will try to get it on for you.
- ➔ **Eligibility** to join ACA's professional Specialty Councils.
- ➔ **Opportunity** to apply for several scholarship awards.
- ➔ **Access** to competitive insurance.
- ➔ **FREE one year membership to ACA** upon graduation from Chiropractic College.
- ➔ **DOT training** to become a certified medical examiner.
- ➔ **Discounts and Services** through our Partners and Corporate members.
- ➔ **Free subscription** to ACA's award winning publication *ACA News*.
- ➔ And so much more!

For more information about SACA activities contact your local SACA chapter representatives or contact Lori Hall at the National Office 1-(800) 986-4636 ext 245.