aca council on chiropractic pediatrics

President
Elise Hewitt, DC, CST, DICCP, FICC
president@acapedscouncil.org

Vice President
Jenny Brocker, DC
drjenny@portlandchiropracticgroup.com

Treasurer
Emily Watters, DC
dr.emily.watters@gmail.com

Membership Application

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone: H: _____ W: _____ Fax: _____

E-Mail _____

Chiropractic / Medical School _____

States of Current Licensure _____

To better meet your needs, we would appreciate your answers to the following questions:

Board Certifications*

__ Pediatrics
__ Family Practice / Internal Medicine
__ Orthopedics
__ Occupational Health
__ Sports Medicine
__ Neurology
__ Nutrition
__ Radiology
__ Physiological Therapeutics
__ Other _____

Attach curriculum vitae

Practice

__ Private Practice
__ Outpatient Clinic
__ Faculty / Teaching Clinic
__ Health Maintenance Organization
__ Occupational / Rehabilitative Medicine
__ Preventive Medicine / Wellness
__ Oriental Medicine
__ Acupuncture
__ Multi-Disciplinary
__ Manual Medicine
__ Group Practice
__ Other _____

Membership Type

__ DC Physician - $85
__ College Member - $500
__ Student Member - FREE
__ Associate Non - DC Physician - $150
__ Corporate Member - $500

__ Please accept my additional contribution of $ _____ to further the work of the Council

Make checks payable to: ACA – Council on Chiropractic Pediatrics

or Credit card payment:
Name on Credit Card_____
Credit Card #: _____
Expiration Date: _____
CID: _____

Forward Application & Payment to:

Lavinia K. Mosher
Membership and Specialty Councils Asst. Mgr.
American Chiropractic Association
1701 Clarendon Blvd. Arlington, VA 22209
Fax: 703-243-2593

ACA membership is required for membership in the ACA Pediatrics Council. By completing and signing this application for membership, the applicant supports and fosters the tenets and objectives of the ACA. It is also understood that lack of support and fostering of the tenets and objectives of ACA will lead to denial or revocation of membership.

Signature: _____ Date: _____