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

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Membership Application

(Please Print)

Name ____

Address ____

City ______________________ State ________ Zip __________

Phone: H( ) __________ W( ) __________ FAX( ) ______________
E-Mail ____

Chiropractic / Medical School ______________________________
States of Current Licensure ______________________________

Membership Type

__ DC Physician member* - $85
__ Student Member– Free
__ New Graduate (*1st year of practice*) – Free

** including new practitioner, international, supporting, life, sustaining, retired/disabled, and associate member types of ACA general membership)*

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

Board Certifications*

__ Radiology
__ Family Practice / Internal Medicine
__ Orthopedics
__ Occupational Health
__ Sports Medicine
__ Neurology
__ Nutrition
__ Behavioral Health
__ 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 __________

Total yearly dues: ____

Please accept my additional contribution of ____ to further the work of the Council

Total Payment _______

Make checks payable to: ACA – Council on Chiropractic Pediatrics

Forward Application & Payment to:
ACA Membership & Specialty Councils
1701 Clarendon Blvd
Arlington, VA 22209
Or fax to: (703)243-2593

CC#: ______________________
Exp Date: __________ CCV: ________
Billing Zip Code: ________

Signature ______________________
Date ________

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