



# AMERICAN CHIROPRACTIC ASSOCIATION COUNCIL OF CHIROPRACTIC ACUPUNCTURE

## MEMBERSHIP APPLICATION & RENEWAL

Membership renewal or application fees are \$150.00

Student membership fees are \$37.50

**GENERAL MEMBER:** Any licensed doctor of chiropractic who is a member in good standing OF the American Chiropractic Association (ACA) shall be eligible for membership in this Council.

**STUDENT MEMBER:** A chiropractor college student who is a student member in good standing of the ACA shall be eligible for student membership in this Council.

**NAME:** \_\_\_\_\_ **License #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CLINIC NAME:** \_\_\_\_\_

**OFFICE PHONE:**(     ) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OFFICE FAX:** (     ) \_\_\_\_\_ **CELL:** (     ) \_\_\_\_\_

**CHIROPRACTIC COLLEGE:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Other Education/Degrees** \_\_\_\_\_

**One-year general membership \$150.00**      **One-year student membership \$37.50**

**PAYMENT METHOD:** Checks made able to: ACA Council of Chiropractic Acupuncture or ACA-CCA.

Online payment is available via PayPal at: [www.councilofchiropracticacupuncture.com](http://www.councilofchiropracticacupuncture.com).

I hereby apply for membership and confirm that I am a member of the American Chiropractic Association, and I am in good standing with my state licensing board. I understand that membership dues are renewed annually after July 1.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Mail application to:* ACA-CCA Treasurer  
Dr. George Berki, 36490 Detroit Road, Avon, OH 44011