



**American Chiropractic Association
Council on Chiropractic Physiological Therapeutics and
Rehabilitation**

1701 Clarendon Blvd • Arlington, VA 22209 • 703-276-8800

• Fax 703-243-2593 • www.ccptr.org

New Membership Application

GENERAL MEMBER: Any licensed Doctor of Chiropractic who is a member in good standing of the American Chiropractic Association shall be eligible for membership in this Council.

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

Name: _____

Clinic or Practice Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Work Fax: (____) _____

Email Address: _____

Chiropractic College: _____

Year of Graduation: _____

Other Education/Degrees/Board Certifications: _____

Signature of Applicant: _____

Check One:

General Member One year \$100

Student Member One year \$25

>>>>>> \$ _____

TOTAL

I hereby confirm that I am a member of the American Chiropractic Association and am in good standing with my state licensing board. I understand that failure to remit my annual dues will result in loss of membership and all rights and privileges thereof indicated in the bylaws of the Council.

Payment by: MasterCard Visa Discover American Express

Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Total Amount Due: \$ _____

Paying by check? Make check payable to the ACA and mail to address above.