

ACCA MEMBERSHIP APPLICATION

MEMBER INFORMATION

DATE _____

NAME _____ DOB _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

CHIRO SCHOOL _____

DATE OF GRADUATION _____

LICENSE # (IF APPLICABLE) _____

TYPE OF MEMBERSHIP:

DC (\$100 USD)

STUDENT (\$50 USD)

NON-DC (\$75 USD)