

# ACCO AMERICAN COLLEGE OF CHIROPRACTIC ORTHOPEDISTS

## MEMBERSHIP APPLICATION

Regular Member  Associate Member  Supporting Member  Student  Faculty

### PLEASE TYPE OR PRINT

I hereby apply for membership in the American College of Chiropractic Orthopedists and enclose a refundable check for my first year's dues. I understand that my application is subject to membership committee approval, and that I will be notified of its action.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Chiropractic college \_\_\_\_\_ Year of graduation \_\_\_\_\_

#### FOR REGULAR MEMBERSHIP ONLY:

Date post graduate studies were completed \_\_\_\_\_ How many hours in the program \_\_\_\_\_

Which institution offered the course? \_\_\_\_\_

**Please enclose a copy of your certificate of completion of the orthopedics course (must accompany this application).**

Are you a diplomate in Orthopedics?  No  Yes Certificate # \_\_\_\_\_

Are you a member of the Academy of Chiropractic Orthopedists?  No  Yes Certificate # \_\_\_\_\_

**To be listed as a diplomate in the directory, please enclose a copy of your certificate**

**Please enclose check for \$125 payable to ACCO.**

#### FOR ASSOCIATE MEMBERSHIP ONLY:

Anticipated completion date of orthopedics course \_\_\_\_\_ College through which orthopedics course is being taken \_\_\_\_\_

**Please enclose check for \$110 payable to ACCO.**

**SUPPORTING MEMBERSHIP ONLY: Please enclose a check for \$90 payable to ACCO.**

**STUDENT MEMBERSHIP ONLY: Enrolled in chiropractic college as an undergraduate student. Please enclose a check for \$25 payable to ACCO.**

**FACULTY MEMBERSHIP ONLY: Full time faculty member of any accredited college or university. Current faculty at \_\_\_\_\_.**

**Please enclose a check for \$45 payable to ACCO.**

I hereby certify that the information contained herein is true to the best of my knowledge. I agree to abide by the Code of Ethics and By-Laws of the American College of Chiropractic Orthopedists. I understand that failure to remit dues will result in loss of membership and all rights and privileges thereof; membership includes all rights and privileges as provided in the By-Laws. In applying for regular or associate membership, I certify that I am licensed in the state in which I practice and said license has never been limited, suspended or revoked by action of a state licensing board or other regulatory organization. I further understand that the certificate of membership remains the property of the college and shall be returned to the college if membership is terminated for any reason.

VISA/MC

Exp. Date:

Signature of Applicant

Date

Sponsored by

Return completed application with your check to:  
**David M, Swensen, D.C.,**  
**653 Main Street**  
**Melrose, MA 02176**

**e-mail: dosdc@aol.com**  
**web page: www.accoweb.org**  
**(781)665-1497 • fax (781)662-7111**