



BUSINESS MEMBER APPLICATION

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: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: () _____ Fax: () _____

Email address: _____ Website: _____

Mailing address: (if different from above): _____

City: _____ State: _____ Zip: _____

Contact person: _____ Telephone number: _____

Product or service provided by your company (you may enclose a brochure if you prefer) _____

Benefits of being an ACCO Business Member include listing in the Membership Directory, listing on our website as a Business Member with a link to your website, 10% reduction off the ACCO exhibit space cost for each exhibit space reserved at the annual convention and advanced notification of future conventions.

ANNUAL BUSINESS MEMBERSHIP DUES:	\$175.00
ONE TIME APPLICATION FEE	\$ 25.00
	\$ 200.00 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 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: _____ Date: _____

Returned complete application with your check to: David Swensen, D.C., FACO
40 West Foster St.
Melrose, MA 02176
web page: www.accoweb.org