



aca council on chiropractic pediatrics

Membership Application (Please Print)

President
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ACA Board Liaison
Keith Overland, DC, CCSP, FICC
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Name _____

Address _____

City _____ State _____ Zip _____

Phone: H: _____ W: _____ Fax: _____

E-Mail _____

Chiropractic / Medical School _____

States of Current Licensure _____

To better meet your needs, we would appreciate your answers to the following questions:

Board Certifications*

- | | |
|--|---|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Family Practice / Internal Medicine | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Physiological Therapeutics |
| <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Other _____ |

**Attach curriculum vitae*

Practice

- | | |
|---|---|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Oriental Medicine |
| <input type="checkbox"/> Outpatient Clinic | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Faculty / Teaching Clinic | <input type="checkbox"/> Multi-Disciplinary |
| <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Manual Medicine |
| <input type="checkbox"/> Occupational / Rehabilitative Medicine | <input type="checkbox"/> Group Practice |
| <input type="checkbox"/> Preventive Medicine / Wellness | <input type="checkbox"/> Other _____ |

Membership Type

- Member (DC Physician) - \$85 Student Member - \$35 Corporate Member - \$500
 College Member - \$500 Associate Member (non - DC Physician) - \$150

Please accept my additional contribution of \$ _____ to further the work of the Council

Make checks payable to: ACA – Council on Chiropractic Pediatrics

Forward Application & Payment to:

Lavinia K. Mosher
Membership and Specialty Councils Coordinator
American Chiropractic Association
1701 Clarendon Blvd. Arlington, VA 22209

ACA membership is required for membership in the ACA Pediatrics Council. By completing and signing this application for membership, the applicant supports and fosters the tenets and objectives of the ACA. It is also understood that lack of support and fostering of the tenets and objectives of ACA will lead to denial or revocation of membership.

Signature: _____ Date: _____

