



For Office Use:

Rec'd _____
Comp _____
Packet _____
Ck.No. _____

AMERICAN COLLEGE OF CHIROPRACTIC ORTHOPEDISTS

MEMBERSHIP APPLICATION

Please check the appropriate box (membership description on back):

☐ 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 \$25 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 _____ Date _____

Return completed application with your check to:

William Valusek, D.C.
1030 Broadway, Ste. 101
El Centro, Ca 92243

e-mail: wvalusek@accoweb.org
web page: www.accoweb.org
(760) 370-9106 • fax (760) 352-3966