



MEMBERSHIP APPLICATION
COUNCIL on OCCUPATIONAL HEALTH

DIPLOMATE MEMBER: Any DC who has completed the 3 Phase/360 hour occupational health consultant curriculum and has successfully completed the Diplomate examination processes.

CERTIFICATE MEMBER: Any DC who has successfully completed 120 hours (first phase) of the occupational health consultant curriculum.

ASSOCIATE MEMBER: Any DC with special interest in occupational health or works to advance the cause of chiropractic in industry. Associate members may not publish indication of membership in the council.

RETIRED MEMBER: Any retired DC who has been a Diplomate or Certificate Member of the Council on Occupational Health for 10 years or more and has retired from full-time practice.

FEES: (A one time processing fee of \$25 must be included with the annual membership dues.) Dues are:

- \$80 annual membership for DIPLOMATE and CERTIFICATE MEMBERS (plus \$25 processing fee)
\$60 annual membership for ASSOCIATE (plus \$25 processing fee)
\$20 first year in practice - new Doctor (first year only) (plus \$25 processing fee)
N/C annual membership for STUDENT MEMBERS (processing fee waived)

All applicants must be current members of the ACA or the Student ACA. Evidence of completion of Phase 1 (postgraduate training) must be provided for applying for CERTIFICATE MEMBERSHIP. The same is true for applicants for DIPLOMATE MEMBERSHIP. Applications received without the one time processing fee of \$25 (above) will not be processed. Thank you very much.

DOCTOR'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

OFFICE PHONE: _____

FAX: _____ Email: _____

CHIROPRACTIC COLLEGE: _____

CURRENT ACA MEMBERSHIP? YES NO (circle)

DEGREES: _____

OTHER AFFILIATIONS/MEMBERSHIPS: _____

I hereby apply for ___Diplomate, ___Certificate, ___Associate, ___Student, or ___Retired membership and therefore enclose documentation of coursework completed (as required for Diplomate and Certificate membership). A one time fee of \$25 accompanies payment of annual dues as outlined above. I understand that failure to pay dues at time of renewal will result in loss of membership, rights and privileges thereof indicated in the by-laws.

Signature: _____

Date of application: _____

Make check payable to: ACACOH
ATTN: Elizabeth L. Auppl
930 Crestview Lane
Owatonna, MN 55060