



www.ABCAchiro.com

## APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

PERSONAL Email Address \_\_\_\_\_

School \_\_\_\_\_ Tri/Semester \_\_\_\_\_

I, the undersigned, hereby make application for membership, and if accepted, I agree to abide by the Constitution and By-Laws of the American Black Chiropractic Association and the Student American Black Chiropractic Association; perform all requested duties and support the association to the best of my abilities. I understand I am responsible to pay a one-time membership fee of \$50 directly to the ABCA to become a national member. All other dues will be paid directly through the SABCA chapter as outlined in chapter By-Laws.

Authorized Signature \_\_\_\_\_

Interest:  E-Board  Fundraising  Community Service  Convention Planning

### Costs:

- NATIONAL Dues (SABCA MEMBER 1 TIME FEE) \$50: Please pay online at [www.ABCAchiro.com](http://www.ABCAchiro.com) (Member Center tab, Membership Application)
- STUDENT Dues of \$\_\_\_ : Please see the Chapter Treasurer or Executive Officer to make your payment

### METHOD OF PAYMENT

CASH  CHECK

SABCA OFFICE USE ONLY Date Paid: \_\_\_\_\_ Check No: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Initials: \_\_\_\_\_