



**Council on  
Diagnostic Imaging**



**ACA Council  
on Diagnostic Imaging  
MEMBERSHIP OR SUBSCRIPTION APPLICATION**

- Yes, I want to be a part of this Council. In making this application for membership in the Council on Diagnostic Imaging I agree to observe the rules and regulation of the Council, help advance its objectives, and increase its membership. I agree to notify the Council of any address change. My check in the appropriate amount is enclosed.

\_\_\_\_\_

Signed Date

- No, I don't wish to be a member, but I'd like to subscribe to Topics in Diagnostic Radiology and Advanced Imaging. My check in the appropriate amount is enclosed.

\_\_\_\_\_

Signed Date

(Type your name and address in the boxes provided below)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

(Membership requires the following information)

Graduate of, or student at, \_\_\_\_\_ Chiropractic College.

Month and year of graduation: \_\_\_\_\_

FEES (check the appropriate one)

- Student Membership per year: (student memberships cannot be accepted near or after the date of graduation) (\*see Student Membership Application)
- Resident Membership: No initial application fee. Annual Dues: \$25.
- General Membership: Initial application fee: \$15, Annual Dues: \$60. Total required: \$75.
- Subscription: Yearly: \$75 for USA subscribers, \$100 outside the USA.

Mail completed application and fee (payable in U.S. funds) to ACA Council on Diagnostic Imaging, c/o Steven Gould, D.C., D.A.C.B.R., Secretary-Treasurer, PO Box 190 Cheney, Kansas 67025

Phone: (316) 542-3400 E-mail: [drsgould@chc.kscoxmail.com](mailto:drsgould@chc.kscoxmail.com)