



# Council on Chiropractic Orthopedics

GARY L. CARVER, DC, FACO  
4409 STERLING AVENUE – KANSAS CITY, MO 64133-1854

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### ARE YOU A MEMBER OF THE FOLLOWING?:

ACA member: Yes / No

(must be a member of the ACA to apply for membership in all organizations)

College On Forensic Science Yes / No

College On Technique Yes / No

### Dues

\*Certified or General Membership - \$100 \_\_\_\_\_

\*Faculty/Associate Member - \$50 \_\_\_\_\_

\*Retired CCO Member – 10 years + - \$25 \_\_\_\_\_

\*Retired CCO Member – less than 10 years - \$35 \_\_\_\_\_

\*Supporting Member - \$100 \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

### Payment Options:

Check# \_\_\_\_\_ enclosed (payable to: CCO)

Credit Card# \_\_\_\_\_ Visa/MasterCard –Expiration \_\_\_\_\_

(\*note: credit card payments reflect charges to the ACA)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify this information factual and I agree to abide by the Code of Ethics and Bylaws of the Council on Chiropractic Orthopedics.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*In order to update our records please provide the following information, as applicable:*

\_\_\_\_\_  
CCO certificate #    DABCO certificate #    Academy (FACO) #    College on Forensic Science certificate #    ACCO certificate #  
Fax Completed form to Dr. Gary L. Carver (816)358-6565