

# AMERICAN NATUROPATHIC MEDICAL ASSOCIATION

APPLICATION FOR MEMBERSHIP:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ Citizenship: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: **Check One**  Home  Business \*Email Address: \_\_\_\_\_

## EDUCATION:

School	Address	From/To	Degrees	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INTERNSHIP/RESIDENCIES: (If applicable)

Location \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATION(S): (If applicable)

Board \_\_\_\_\_ Date \_\_\_\_\_

Board \_\_\_\_\_ Date \_\_\_\_\_

## LICENSING:

Type \_\_\_\_\_ County/State \_\_\_\_\_ Date \_\_\_\_\_ No. \_\_\_\_\_

Type \_\_\_\_\_ County/State \_\_\_\_\_ Date \_\_\_\_\_ No. \_\_\_\_\_

It is my desire to become a member of the American Naturopathic Medical Association and I hereby make application for inclusion in the ANMA membership.

Name as you wish it to appear on certificate(Name Only) \_\_\_\_\_

Payment of \$350/\$295 in check or money order, must accompany application. Refund made if membership not accepted. Canadian residents must submit comparable amount to U.S. currency.

MC/VISA/AE/DIS# \_\_\_\_\_ Exp.Date: \_\_\_\_\_ V Code# \_\_\_\_\_

(The V code is the 3 digit code found on back of credit card or on the front of AE)

Signature: \_\_\_\_\_

Professional \ Associate membership - \$350.00  Supporting membership - \$295.00

Retired \ Student membership - \$295.00