

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