American Naturopathic Medical Association

ANMA Membership Renewal

ANMA Annual Renewal For:

Name: _____

Address: _____

City: _____ **State**: _____ **Zip:** _____

Phone: _____ **Current Email Address**: _____

☐ Yes, Please renew my membership. I want to continue my involvement in the advancement of natural/alternative therapies in a responsible and constructive manner.

☐ Yes, I have provided my current mailing address, phone # & email address to be kept up to date with ANMA.

☐ ***New Address Information:**

Name: _____

Address: _____ Email:_____

City: _____State:_____Zip:_____Phone:_____

PAYMENT ENCLOSED

☐ **$295.00** Professional Membership

☐ **$395.00 Professional Membership Including 45th Convention & Educational Seminar - $20 Savings**

☐ **$195.00** Student\Retired\Supporting Membership

☐ **Check Enclosed – Make Payable to ANMA**

☐ **Credit Card Payment** ***VISA*** ***MASTERCARD*** ***DISCOVER***

Please Provide the Following Information To Process Your Credit Card Payment:

Acct #_____ Exp. Date _____Verification Code#_____

(Last 3 Digits found on back of card)

Signature:_____