

# 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
- \$375.00 Professional Membership including 42<sup>nd</sup> Annual Convention & Educational Seminar**
- \$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: \_\_\_\_\_