



# BECOME AN ANMA MEMBER TODAY!

Become an active member and add your voice to today's ANMA. The choice is yours. Begin your professional relationship with the Association in service of Naturopaths and Naturopathy for over 45 years.

## American Naturopathic Medical Association

### COMPLIMENTARY MEMBERSHIP APPLICATION

**APPLICATION FOR MEMBERSHIP:**

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

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

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Bus. Address:** \_\_\_\_\_

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

**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 \_\_\_\_\_ Number \_\_\_\_\_

Type \_\_\_\_\_ County/State \_\_\_\_\_ Date \_\_\_\_\_ Number \_\_\_\_\_

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) \_\_\_\_\_

**COMPLIMENTARY APPLICATION INCLUDES :**

- ✓ One Year ANMA Membership (Value \$350.00)
- ✓ Admission to the ANMA Convention at Westgate Las Vegas August 28-30, 2026 (Value \$120.00)

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

Register to attend the ANMA Convention at Westgate Las Vegas August 28-30, 2026

**Note:** International shipping charges will apply and be finalized during payment processing.