



BECOME AN ANMA MEMBER TODAY!

Become an active member and add your voice to today's ANMA. The choice is yours. Begin your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 43 years.

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

CERTIFICATION(S): (If applicable)

Board	Date

LICENSING:

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/DIS# _____ Exp.Date: _____ VCode# _____

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

Signature: _____

- Professional\Associate membership-\$350.00
- Supporting membership - \$295.00
- Retired/Student membership-\$295.00