



American Naturopathic Medical Association

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.

Date: _____

FULL NAME: _____

Phone: _____ Mailing Address: Check One Home Business

Home Address: _____

City: _____ State: _____ Zip: _____

Bus. Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Birth Date: _____ Place of Birth: _____

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 _____

Name as you wish it to appear on Certificate (Name Only) _____

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.

Signature: _____

Payment of \$350/\$295 in check or money order, must accompany application. Refund made if membership not accepted. International residents must submit comparable amount to U.S. currency.

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

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

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

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

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