



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 44 years.

American Naturopathic Medical Association

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) _____

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

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