

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
- \$345.00 Professional Membership including 40th Anniversary Convention
- \$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: _____