Membership Application

Please Print All Information — Incomplete Application Forms Cannot Be Processed

Ms. ❑ Mr. ❑ Mrs. ❑ Dr. ❑ ____ Male ❑ Female ❑

Mailing Address:____

City: ____________________State:_____ Zip:___________ Email address:___________________

Home phone #:__________________Business phone #: ___________________Fax #:__________________

Date of Birth: _____/_____/_____ Manual Medicine Specialty:_____________________________________

Education:____

Medical License (State and Number—if applicable):_____________________________________

Professional
Afflliations:____

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Please enclose substantiating documents with your application, i.e., state license, certificates

Membership Options

This application is for membership only and does not include liability insurance. Please contact the AMMA for information on liability insurance for Acupuncture, Naprapathy or other manual medicine professional coverage.

❑ Fellowship Membership - $100 ❑ Association Affiliate - $50.00

Method of Payment

Do not send cash. **Make checks payable to AHS and mail to: 2040 Raybrook SE, Suite 103, Grand Rapids, MI 49546**

Check/Money Order ❑ Visa/Mastercard ❑ Discover ❑ American Express ❑

Card Number (please print clearly)

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Expiration date (month & year)

□□/□□

____ Cardholder's Signature

$ ______________ Amount

I, the undersigned applicant, do hereby state that all information contained in this application is true to the best of my knowledge and I have read the Code of Ethics. I understand that any false statements made in this application or subsequent renewals of this application shall void my membership.

____

Signature (**REQUIRED**) Date

2040 Raybrook SE, Suite 103 • Grand Rapids, MI 49546 • Phone:-888-375-7245