



# AMERICAN MANUAL MEDICINE ASSOCIATION

Health Care Naturally, the Future is Ours

## PRACTICAL ACUPUNCTURE ASSOCIATE MEMBERSHIP APPLICATION

Please Print All Information – Incomplete Applications Cannot Be Processed

Ms.  Mr.  Mrs.  Dr.  \_\_\_\_\_ Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Professional Degree: \_\_\_\_\_ Professional Licensure Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

eLearning Program Completed:  Practical Acupuncture  
 Personal Training

\*Please include all membership requirement information with your application.

### MEMBERSHIP DUES

Make checks payable to the **AMMA** and mail to: 1845 Lakeshore Drive, Suite 7, Muskegon, MI 49441

Membership Dues are payable by check, money order, MasterCard, Visa, Amex, or Discover

One year \$65

Two years \$125

### METHOD OF PAYMENT

(Please do not send cash)

Check  Money Order  Credit Card

Card Number (please print clearly)

Expiration Date (Month & Year)

Cardholder's signature (as it appears on your card)

The American Manual Medicine Association is a multidisciplinary organization comprised of licensed physicians, allied medical personnel such as nurses, physical therapists, and physician assistants, as well as complementary and alternative health care providers.

### AGREEMENT

I, the undersigned applicant, do hereby agree that a fee paid to AMMA in relationship to this application is non-refundable and will not be pro-rated. I understand that any false statements made in this application or subsequent renewals of this application could result in the termination of my membership in the AMMA. I acknowledge that my membership in the AMMA requires strict observance and obedience to all applicable state laws pertaining to the practice of acupuncture, and all other medical and health care professions as regulated by state law.

Signature

Date