



# AMERICAN MANUAL MEDICINE ASSOCIATION

Health Care Naturally, the Future is Ours

## PERSONAL TRAINING ASSOCIATE MEMBERSHIP APPLICATION

Please Print All Information – Incomplete Applications Cannot Be Processed

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

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

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

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

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

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

eLearning Program Completed:  Medical 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.

Signature

Date