



Practical Acupuncture Certification Registration Form

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.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____

Please check your preference for receiving the exam:

Email Email address: _____

Regular Mail

Exam Fee \$100

Make check payable to AMMA and mail to: 1845 Lakeshore Drive • Suite 7 • Muskegon, MI 49441

Method of payment: Check (#____) Money Order

Credit Card Type (circle one) Visa M/C Amex Discover

Printed name on front of card _____

Card # _____ Expiration Date _____

Signature _____ Date: _____