



# Michigan Medical Acupuncture Association

801 W. Norton, Suite 420 • Muskegon, MI 49441 (administrative address)  
888.375.7245 (Phone)

## MEMBERSHIP APPLICATION

Please Print All Information – Incomplete Applications Cannot Be Processed – Original Application By Mail Accepted Only

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

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

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

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

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

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

Manual Medicine Specialty: \_\_\_\_\_

### MEMBERSHIP DUES

- |                        |   |  |
|------------------------|---|--|
| Level One – P.Ac.      | <input type="checkbox"/> \$100 (one year) | <input type="checkbox"/> \$175 (two years) |
| Current Allied Members | <input type="checkbox"/> \$65 (one year)  | <input type="checkbox"/> \$100 (two years) |
| Level Two – Dipl.Ac.   | <input type="checkbox"/> \$150 (one year) | <input type="checkbox"/> \$275 (two years) |
| Current Allied Members | <input type="checkbox"/> \$115 (one year) | <input type="checkbox"/> \$200 (two years) |

### METHOD OF PAYMENT (Please do not send cash)

Check  Money Order  Credit Card

Card Number (please print clearly) \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

### AGREEMENT

I, the undersigned applicant, do hereby agree that a fee paid to MMAA 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 dissolution of my membership in the MMAA.

Signature \_\_\_\_\_ Date \_\_\_\_\_