



Michigan Medical Acupuncture Association

2040 Raybrook SE, Suite 103 • Grand Rapids, MI 49546 (administrative address)
888.375.7245 (Phone) • 616-575-9066 (Fax)

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: _____

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"/> \$50 (one year) | <input type="checkbox"/> \$85 (two years) |
| Level Two – Dipl.Ac. | <input type="checkbox"/> \$150 (one year) | <input type="checkbox"/> \$275 (two years) |
| Current Allied Members | <input type="checkbox"/> \$50 (one year) | <input type="checkbox"/> \$85 (two years) |

Total Amount Due: \$ _____

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 _____