

Membership Application



Please Print All Information — Incomplete Application Forms 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: _____

Education: _____

Medical License (State and Number—if applicable): _____

Professional
Affiliations: _____

Please enclose substantiating documents with your application, i.e., state license, certificates

Membership Options

This application is for membership only and does not include liability insurance. Please contact the AMMA for information on liability insurance for Acupuncture, Naprapathy or other manual medicine professional coverage.

☐ Professional Membership - \$135

☐ Association Affiliate - \$100.00

Method of Payment

Do not send cash. **Make checks payable to AHS and mail to: 2040 Raybrook SE, Suite 103, Grand Rapids, MI 49546**

Check/Money Order ☐

Visa/Mastercard ☐

Discover ☐

American Express ☐

Card Number (please print clearly)

Expiration date (month & year)

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\$

Cardholder's Signature

Amount

I, the undersigned applicant, do hereby state that all information contained in this application is true to the best of my knowledge and I have read the Code of Ethics. I understand that any false statements made in this application or subsequent renewals of this application shall void my membership.

Signature (REQUIRED)

Date