

American Naturopathic Association  
The oldest and original Naturopathic organization since 1919  
1930 18<sup>th</sup> St. NW, Ste B2, #2461, Washington DC 20009 USA

Application for Membership  
**DO, MD, DC, NMD, DDS or DMD**

Fee: \$300

Please write your name as you want it to appear on your certificate.

Name		
Date of birth:	Phone:	Email:
Address:		
City	State	ZIP
Practice Information		
Clinic name:		
Address:		
Phone:	Email:	
Education		
Education and professional experience:		
School of graduation:		Year
Degree(s)	State(s) in which licensed:	
License number(s)		
Other professional association memberships?		
Have you ever had a license revoked in any state? No Yes If yes, explain by attached letter.		
Please enclose a passport-sized photograph and your membership dues with application. Applicants will be notified by receipt of their membership certificate if accepted.		

I confirm that the above information is correct and I desire to become a member of the American Naturopathic Association. My application is made in good faith and with proper intent. If issued a certificate of membership by the ANA, I will abide by the rules, by-laws, and code of ethics of the American Naturopathic Association.

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Signature Date

Check which modalities you use in your practice:

<input type="checkbox"/> Lifestyle management	<input type="checkbox"/> Ultraviolet	<input type="checkbox"/> Spinal manipulation
<input type="checkbox"/> Nutritional consulting	<input type="checkbox"/> Infrared	<input type="checkbox"/> Electrotherapy
<input type="checkbox"/> Massage	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Colon hydrotherapy
<input type="checkbox"/> Thermotherapy	<input type="checkbox"/> Laser	<input type="checkbox"/> Herbal medicines
<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Acupressure	<input type="checkbox"/> Homeopathic medicines
<input type="checkbox"/> Chromotherapy	<input type="checkbox"/> Reflexology	<input type="checkbox"/> Ayurvedic medicines
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Organotherapy
<input type="checkbox"/> Fasting	<input type="checkbox"/> Corrective exercises	<input type="checkbox"/> Nutritional supplements
<input type="checkbox"/> Iridology	<input type="checkbox"/> Saliva/urine testing	<input type="checkbox"/> Electrodermal screening
Other:		