# American Naturopathic Association

The oldest and original Naturopathic organization since 1919

1930 18th St, NW, Ste B2, #2461, Washington DC 20009 USA

## Application for Membership

**Doctor of Naprapathy, Acupuncturist, Herbalist, Homeopath, Nurse, Hydrotherapist, Colon Hydrotherapist, Nutritionist, Body Worker**

Fee: $175

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.

_____ _____

Signature Date

Check which modalities you use in your practice:

| | | |
|---|---|---|
| ❑ Lifestyle management | ❑ Ultraviolet | ❑ Spinal manipulation |
| ❑ Nutritional consulting | ❑ Infrared | ❑ Electrotherapy |
| ❑ Massage | ❑ Ultrasound | ❑ Colon hydrotherapy |
| ❑ Thermotherapy | ❑ Laser | ❑ Herbal medicines |
| ❑ Hydrotherapy | ❑ Acupressure | ❑ Homeopathic medicines |
| ❑ Chromotherapy | ❑ Reflexology | ❑ Ayurvedic medicines |
| ❑ Aromatherapy | ❑ Acupuncture | ❑ Organotherapy |
| ❑ Fasting | ❑ Corrective exercises | ❑ Nutritional supplements |
| ❑ Iridology | ❑ Saliva/urine testing | ❑ Electrodermal screening |
| Other: | | |