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, Reflexologist, Movement Therapist, Iridologist, or Light Therapist

Fee: $175

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.

_____ _____
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:		