

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
Reflexologist, Movement Therapist, Iridologist, or Light Therapist
Fee: \$100

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:

| | | |
|-------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <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: | | |