

**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**

**Student**

Fee: \$75

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

Name		
Date of birth:	Phone:	Email:
Address:		
City	State	ZIP
Education		
Education and professional experience:		
School currently attending:		Current Year
Degree program:	State(s) in which licensed:	
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 would like to use in your practice after graduation:

<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:		