



American Naturopathic Medical Association

ANMA Membership Renewal

Renew your membership to keep your voice in today's ANMA. Maintain your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 38 years. It is only with your dedicated support that we can continue protecting your rights to practice throughout the United States.

Please Print To Complete And Submit To ANMA To Renew Your Membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:() _____ Email: _____

Yes, Please renew my membership. I want to continue my involvement in the advancement of natural/alternative therapies in a responsible and constructive manner.

Yes, I have provided my current mailing address, phone & email to be kept up to date with ANMA

NO - New Address Information:

Address: _____
City: _____ State: _____ Zip: _____
Phone:() _____ Email: _____

PAYMENT ENCLOSED

\$295.00 Professional\Associate Membership

\$195.00 Student\Retired\Supporting Membership

Check Enclosed – Make Payable to ANMA

Credit Card Payment VISA MASTERCARD DISCOVER

Please Provide The Following Information To Process Your Credit Card Payment:

Account Number _____ Exp. Date _____ Verification Code# _____
(Last 3 Digits found on back of card)

Signature: _____

MAIL TO : ANMA P.O. Box 96273 Las Vegas NV 89193
Contact : (702) 450 3477 admin@anma.org www.anma.org