



NH Acupuncture & Asian Medicine Association

A Voice for Asian Medicine in the Granite State

www.nhaama.org

Membership Application

Date: _____ Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Business Email: _____ Business Website: _____

Home Address: _____

Home Phone: _____ Home Email: _____

AAAOM Member? (circle one) Yes No AAAOM Membership Number: _____

NH Acupuncture License#: _____ Asian Bodywork Therapy License #: _____

May we contact you at home? (Circle one): Yes No

What information may we make available to the NHAAMA membership?

(Circle all that apply): Work Address & Phone Home Address Home Phone Email Website

What information may we make available to the general public?

(Circle all that apply): Work Address & Phone Home Address Home Phone Email Website

I hold NCCAOM certification in: Acupuncture Chinese Herbology Asian Bodywork

Where did you receive your acupuncture or Asian Bodywork training? _____

Briefly describe your practice: _____

Please describe any other areas of expertise that you have: _____

Please describe what personal/professional needs you would like the NHAAMA to serve: _____

- I am applying as a (check one):
- Professional (annual dues of \$100)
 - 1st Year of Practice (annual dues of \$50)
 - 2nd Year of Practice (annual dues of \$75)
 - First Time Professional Member (annual dues of \$50)
 - Student/Associate (annual dues of \$25)

AAAOM Members may take 20% off listed rates. At 20% off: \$100 => \$80, \$75=> \$60, \$50 => \$40, \$25 => \$20

Disclaimer: 50% of all dues will be allocated to the Political Action Fund and as such are not tax deductible.

Please make check payable to the NHAAMA and send it to:

NHAAMA
c/o Laura Moore, Treasurer
155 Borthwick Avenue West, Suite 102
Portsmouth, NH 03801

Note: If you plan to attend the annual meeting and continuing education event held in November, you may also bring it with you and renew at that time.

PLEASE DO NOT SEND THIS INFORMATION VIA EMAIL