



MAAOM MEMBERSHIP APPLICATION / RENEWAL / OR CHANGE FORM DATE: _____

Name: _____
 Credentials: _____
 Services Provided: _____

Primary Business Information

Secondary Business Information

Business Name: _____ Address, City, Zip: _____ Business Email: _____ Business Phone: _____ Business Fax: _____ Website: _____	_____ _____ _____ _____ _____ _____
--	--

Yes, I would like my Name and Business Information to be *added* to the MAAOM website.

As a rule of thumb, we will send dues notices, receipts, and letters to your email address.
 If you would prefer us to mail them to your home, please provide the address here:

Yes, I would prefer mailings to be sent to my *Home Address*.

Address, City, Zip: _____
 Personal Phone: _____

NCCAOM Diplomate Status:

Acupuncture: Yes No *NCCAOM Diplomate Number:* _____
 Chinese Herbs: Yes No *NCCAOM Diplomate Number:* _____
 Asian Body Work: Yes No *NCCAOM Diplomate Number:* _____

MI Registered Acupuncturist (RAC) # (required for Professional Membership): _____

MEMBERSHIP

Professional: \$200
 2nd Year Professional: \$150
 1st Year Professional: \$100
 Out of State Professional: \$100
 Allied Health Member: \$100
 General Member: \$100
 Student Member: \$ 50

PAYMENT

Amount Due: _____
 Extra donation: _____
 (501c3 tax deductible)
 Amount Enclosed: _____

Thank you for your generosity and support as we work toward licensing in Michigan!