

# American Association of Naturopathic Midwives

## Application for Membership

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone(s): \_\_\_\_\_ Website: \_\_\_\_\_

Check here if you'd like office contact information and website listed on the AANM website.

Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address \_\_\_\_\_

State(s)/Province(s) in which you are licensed to practice Naturopathic Medicine:

	State/Province	License #	Year Granted
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Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

OB Certifications or Midwifery Certifications/Licenses:

	State/Province	License #	Year Granted
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Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

Other: \_\_\_\_\_

Naturopathic medical college/university attended and year graduated or to graduate:

\_\_\_\_\_

Postgraduate training, preceptorships or residencies in obstetrics:

Location	Dates	With whom did you train?
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\_\_\_\_\_

\_\_\_\_\_

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Other Academic or Professional Training:

Name of School	Years attended	Degree/year granted
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Please enclose the appropriate annual membership dues:

- |  |         |  |         |
|--|---------|--|---------|
| <input type="checkbox"/> ND Member, new                | \$50.00 | <input type="checkbox"/> Student, new member | \$15.00 |
| <input type="checkbox"/> ND Member, renewal            | \$50.00 | <input type="checkbox"/> Student renewal     | \$15.00 |
| <input type="checkbox"/> ND Member, retired/supporting | \$40.00 |  |         |

Submit copies of the following appropriate paperwork with your application fee

- Copy of current state ND license(s)
- Copy of any current Obstetrics/Midwifery certification/license(s)
- Student ID card, if applying for student membership

Completed Applications to be mailed to: **AANM, P.O. Box 672 Meredith, NH 03253**