



MEMBERSHIP APPLICATION- General, New Grad and Student

Personal Information

Name: _____
Home Address: _____ City: _____ State: _____
Zip: _____
Home Phone: _____ Cellular: _____

Practice Information

Name of Business: _____
Business Address: _____ City: _____ State: _____
Zip: _____ Business Phone: _____ E-mail: _____
Web: _____

Educational Information

Naturopathic College: _____ Graduation Year _____
City, State of College: _____ Post-Graduate Residency completed in Naturopathic Medicine: Yes/ No
Location: _____

Professional Information

Licensing State: _____ License #: _____ Years in Practice: _____ Other Licenses held: _____
Are you a member of the AANP? **Yes No** Practice Modalities/Emphasis: _____

I certify that the above information is accurate to the best of my knowledge and I promise to conduct myself in a manner that will bring credit to the Association and the Naturopathic Profession. I have read the Bylaws for the WANDA and if accepted for membership, agree to abide by them.

Signed: _____ **Date:** _____

Please include: _____ Dues payment _____ Copy of current State License _____ Copy of ND Diploma

<p>General member - \$175 (3/1-2/28) New Graduate members in the first year of practice; join - 3/1-8/31 - \$100 join - 9/1-2/28 - \$50 Student member - \$25 (3/1-2/28)</p>	<p>Send payment to: WANDA P.O. Box 14434 Madison, WI 53708</p>
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