



## IAA Friend Sponsorship Application

*A new category of financial support for the Idaho Acupuncture Association, the Friend Sponsorships will allow our organization to proceed with creating the best possible acupuncture practice act, embark on educating the public about the benefits of our profession, and continue the work of informing, educating and communicating with Idaho's licensed and certified acupuncturists.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Referred by \_\_\_\_\_

Pay online at **www.idahoacupuncture.org** by credit card, or mail check or credit card information with completed application to:  
Idaho Acupuncture Association  
c/o Rosemary Yocum, Treasurer,  
177 Perl Smith Rd, Nordman, ID 83848

- Check enclosed for \$ \_\_\_\_\_  
 VISA or  MasterCard  
 Please debit my credit card for the amount of: \_\_\_\_\_

*Choose a friendship level:*

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100  
\_\_\_\_\_ \$150    \_\_\_\_\_ \$200    \_\_\_\_\_ Other \$ \_\_\_\_\_

Credit card # \_\_\_\_\_  
Expires: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_



## IAA Friend Sponsorship Application

*A new category of financial support for the Idaho Acupuncture Association, the Friend Sponsorships will allow our organization to proceed with creating the best possible acupuncture practice act, embark on educating the public about the benefits of our profession, and continue the work of informing, educating and communicating with Idaho's licensed and certified acupuncturists.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Referred by \_\_\_\_\_

Pay online at **www.idahoacupuncture.org** by credit card, or mail check or credit card information with completed application to:  
Idaho Acupuncture Association  
c/o Rosemary Yocum, Treasurer,  
177 Perl Smith Rd, Nordman, ID 83848

- Check enclosed for \$ \_\_\_\_\_  
 VISA or  MasterCard  
 Please debit my credit card for the amount of: \_\_\_\_\_

*Choose a friendship level:*

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100  
\_\_\_\_\_ \$150    \_\_\_\_\_ \$200    \_\_\_\_\_ Other \$ \_\_\_\_\_

Credit card # \_\_\_\_\_  
Expires: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Signature: \_\_\_\_\_