

Membership application or renewal for Idaho Acupuncture Association

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email address: _____
Website: _____
Idaho State license # _____
Clinic Name: _____
Clinic address if different than above: _____

Date: _____

Membership Dues

- \$150/year for Professional Voting membership (Licensed or Certified Acupuncturist in current practice in Idaho)
- \$100/year for First Year Practitioner Professional Voting membership (Licensed or Certified Acupuncturist in current practice in Idaho for 1 year or less)
- \$75/year for Supporting membership (Acupuncture technicians, Students, or licensed acupuncturists without a current practice in Idaho).

Fees for extras

- \$30 fee for one photo on website
- \$20 fee for bio of yourself on website, up to 350 words
- \$45 for both a bio and picture added to your listing
- \$20 fee for 2nd clinic listing on website

Total amount enclosed for dues and extras _____

Check enclosed
 VISA MasterCard
Please debit my credit card for a total of _____
Signature _____
Credit card # _____
Expires: _____
Name on card: _____
Billing Address: _____
Signature: _____

Membership year begins when dues are received. Mail completed application with check or credit card information to:

Idaho Acupuncture Association
c/o Rosemary Yocum, Treasurer
177 Perl Smith Rd
Nordman ID 83848