

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

- \$100/year for Professional Voting membership (Licensed or Certified Acupuncturist in current practice in Idaho)

- \$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 _____

Membership year begins when dues are received. Mail completed application with check to:

Idaho Acupuncture Association
c/o Meggan Baumgartner, L.Ac.
Healing Point LLC
PO Box 9381
Moscow, ID 83843