



# American Academy of Medical Acupuncture

## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: Office \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

Home \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

SPECIALTY \_\_\_\_\_

SUBSPECIALTIES \_\_\_\_\_

EDUCATION/DEGREES:

Medical School \_\_\_\_\_

Internship \_\_\_\_\_

Residency \_\_\_\_\_

\_\_\_\_\_

POSTGRADUATE \_\_\_\_\_

MEDICAL LICENSURE: State and Number \_\_\_\_\_

HOSPITAL AFFILIATION: 1. \_\_\_\_\_

2. \_\_\_\_\_

TYPE OF CURRENT PRACTICE \_\_\_\_\_

YEARS OF CURRENT PRACTICE \_\_\_\_\_

MEMBERSHIP IN ACUPUNCTURE ORGANIZATIONS \_\_\_\_\_

\_\_\_\_\_

TEACHING APPOINTMENTS \_\_\_\_\_

\_\_\_\_\_

PUBLICATIONS \_\_\_\_\_

\_\_\_\_\_

(OVER)

**OFFICIAL USE ONLY**

Fee: \_\_\_\_\_

Recommendations: \_\_\_\_\_ Action: \_\_\_\_\_

## ACUPUNCTURE TRAINING

1. FORMAL COURSES:

Title	Sponsoring Organization	Address	Hours	Dates

2. PRECEPTORSHIPS:

Name	Address	Dates

Describe in Detail \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ACUPUNCTURE PRACTICAL EXPERIENCE

Years of experience, types of problems, number of patients per week, results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT:**

- CHECK THAT THE FOLLOWING DOCUMENTS ARE ENCLOSED WITH YOUR APPLICATION:
1. COPY OF ACTIVE STATE LICENSE \_\_\_\_\_
  2. CERTIFICATE(S) OF TRAINING IN ACUPUNCTURE \_\_\_\_\_
  3. \*ACTIVE DUTY MILITARY Provide documentation of military status \_\_\_\_\_
  4. \*STUDENTS Provide documentation of current status as medical student or medical resident. \_\_\_\_\_

**APPLICATION FEES AND STATUS**

- |                                                           |            |
|-----------------------------------------------------------|------------|
| _____ FULL                                                | \$315_____ |
| _____ ASSOCIATE                                           | \$315_____ |
| _____ APPLICATION FEE (Full & Associate Memberships Only) | \$150_____ |
| _____ ACTIVE DUTY MILITARY                                | \$135_____ |
| _____ AFFILIATE                                           | \$135_____ |
| _____ INTERNATIONAL AFFILIATE                             | \$135_____ |
| _____ STUDENT                                             | \$75 _____ |

**GRAND TOTAL ENCLOSED \$\_\_\_\_\_**

**PLEASE INDICATE WHICH TYPE OF MEMBERSHIP YOU ARE APPLYING FOR AND SEND YOUR APPLICATION FEE OF \$150 (applicable to Full and Associate Memberships only) PLUS FIRST YEAR MEMBERSHIP FEE TO:**

DIRECTOR OF MEMBERSHIP  
 AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE  
 1970 E Grand Ave., Ste 330  
 El Segundo, CA 90245

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_