



AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE®

2512 Artesia Blvd, Suite 200
Redondo Beach, California 90245
310/379-8261 • 310/379-8283 FAX

MEMBERSHIP APPLICATION

NAME _____ DATE OF BIRTH _____

ADDRESS: Office _____ PHONE (____) _____

_____ FAX (____) _____

EMAIL _____ WEBSITE _____

Home _____ PHONE (____) _____

_____ FAX (____) _____

SPECIALTY _____

SUBSPECIALTIES _____

EDUCATION/DEGREES:

Medical School _____

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 _____

ACUPUNCTURE TRAINING

FORMAL COURSES:

Title	Sponsoring Organization	Address	Hours	Dates
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ACUPUNCTURE PRACTICAL EXPERIENCE

Years of experience, number of acupuncture treatments per week: _____

Membership Categories

Fellows

Active MDs and DOs in the United States or Canada who are Board Certified in Medical Acupuncture (ABMA), have 5 or more years of medical acupuncture clinical experience, have published articles or taught medical professionals regarding medical acupuncture and are of high professional standing in the medical community. Fellows are subject to election by the Academy Membership.

Full Members

Full Members are active MDs, DOs, DPMs or DDSs in the United States or Canada who have completed 220 hours or more of acceptable formal medical acupuncture training and are engaged in the practice of medical acupuncture.

Active Duty Military Members

MDs, DOs, DPMs or DDSs on Active Military Duty who have completed 220 hours or more of acceptable formal medical acupuncture training who are engaged in the practice of medical acupuncture.

Affiliate Members

Physicians and allied health professionals with an interest in medical acupuncture but are not eligible for Full membership

- Physicians, dentists, podiatrists and veterinarians licensed in the US and Canada with an interest in medical acupuncture
- Physicians trained and licensed in other countries but practicing in the US as licensed acupuncturists.
- Physician assistants, nurse practitioners and nurse anesthetists with appropriate medical acupuncture training who are active duty military or are employed by the VA or DOD or are licensed to practice acupuncture in their state.
- Physicians who have substantially retired from the practice of medicine or from the practice of medical acupuncture.
- Persons with a graduate research degree (PhD or EdD) with an interest in medical acupuncture.

International Affiliate Members

Those physicians (MDs or DOs) licensed to practice medicine in a country other than the United States or Canada with an interest in medical acupuncture.

Student Members

Student membership is open to fulltime fellows, residents, and medical students with an interest in medical acupuncture. No special acupuncture training is required. Written verification of student status required.

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. Provide documentation of military status _____
4. STUDENTS - Provide documentation of status as medical student or medical resident. _____

APPLICATION FEES AND STATUS

_____ FULL	\$335 _____
_____ APPLICATION FEE (Full Memberships Only)	\$150 _____
_____ ACTIVE DUTY MILITARY	\$175 _____
_____ AFFILIATE	\$175 _____
_____ INTERNATIONAL AFFILIATE	\$175 _____
_____ STUDENT	\$125 _____

GRAND TOTAL ENCLOSED \$ _____

PLEASE INDICATE WHICH TYPE OF MEMBERSHIP YOU ARE APPLYING FOR AND MAIL YOUR APPLICATION FEE OF \$150 (applicable to Full Memberships only) PLUS FIRST YEAR MEMBERSHIP FEE IN A CHECK TO:

DIRECTOR OF MEMBERSHIP
AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE
2512 Artesia Blvd Ste 200
Redondo Beach, CA 90278

To pay by credit card, complete the blanks below and fax to 310/379-8283 or email to: administrator@medicalacupuncture.org

Charge the total indicated above to my: VISA MASTERCARD AMERICAN EXPRESS

Name _____

Card number _____ Expiration date _____ / _____ Security Code _____

Print name as it appears on card _____

Billing Address _____

City / State / Zip _____

Phone _____ Fax _____ E-mail address _____

SIGNATURE _____ DATE _____