

Acupuncture Association of Missouri Membership Application

Contact Information

Name: _____

Business Name (if applicable): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Business Fax: _____

Home Address: _____

City _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Website: _____

*Information received from this section will be included on the referral portion of the AAM website.

Professional Information

Specialty or Focus of Practice (if applicable): _____

Additional Profession Organizations to which you belong: _____

Turn Page Over 

Committees

AAM offers a wide variety of ways to get involved within the organization including several committees that you may join. To join, please complete the following:

- | | |
|---|--|
| <input type="checkbox"/> ASA delegate (asacu.org) | <input type="checkbox"/> Membership Engagement/Education |
| <input type="checkbox"/> Fundraising | |

Special skills that you bring to the AAM: _____

Membership Rates

Annual Fees

- | | |
|---|-------|
| <input type="checkbox"/> Professional Acupuncturist | \$150 |
| <input type="checkbox"/> New Association Member | \$60 |
| <input type="checkbox"/> Associate Professional | \$50 |
| <input type="checkbox"/> Student of Acupuncture | \$35 |

Total \$ _____

Additional Donation \$ _____

Total Enclosed \$ _____

Please forward payment and completed form to:

Acupuncture Association of Missouri
P.O. Box 51 • Jefferson City, MO 65102

www.missouriacupuncture.org

All persons wishing to join AAM must enclose a non-refundable membership fee for the appropriate level of membership dues. Your AAM membership provides a voice to the legislature via our lobbyist and input to the Missouri Acupuncture Advisory Committee.

If you have any questions or need more information, please call (573) 635-2173 or e-mail jill@c2cpro.solutions.