

**Acupuncture Association of Missouri**  
**2011-2012 Membership Application**  
Membership Year: June 1, 2011-May 30, 2012

**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**

NCCAOM Certified:  Yes  No  
(Please include current NCCAOM certificate with membership)

Style of Acupuncture Practice:  TCM  Five Element

Specialty or Focus of Practice: \_\_\_\_\_

States in Which You are Licensed to Practice: \_\_\_\_\_

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"/> Acupuncture Day | <input type="checkbox"/> Legislative      |
| <input type="checkbox"/> Convention      | <input type="checkbox"/> Membership       |
| <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Newsletter       |
| <input type="checkbox"/> Insurance       | <input type="checkbox"/> Public Relations |

Special skills that you bring to the AAM: \_\_\_\_\_

---

## Membership Rates

- |   |         |
|---|---------|
| <input type="checkbox"/> Professional Acupuncturist | \$125   |
| <input type="checkbox"/> New Association Member     | \$60    |
| <input type="checkbox"/> Associate Professional     | \$50    |
| <input type="checkbox"/> Student of Acupuncture     | \$35    |
| Total Enclosed                                      | \$_____ |

**Please forward payment, completed form, and copy of your NCCAOM certificate to:**

Acupuncture Association of Missouri  
P.O. Box 51 ▪ Jefferson City, MO 65102  
[www.missouriacupuncture.org](http://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 Penman & Winton Consulting, Inc. at (573) 635-6044 or e-mail [info@penman-winton.com](mailto:info@penman-winton.com).*