

Arizona Society of Oriental Medicine and Acupuncture

AzSOMA

Please e-mail this form to: azsoma.event@yahoo.com or snail mail to:

AZSOMA C/O NATIONAL LIBRARY OF TRADITIONAL MEDICINE

301 E. BETHANY HOME RD., SUITE A-135, PHOENIX, AZ 85012

Please Contact us at: 1-480-420-9543 | Website: www.azsoma.org

Date: _____

Other Credentials (Initials)

Mr./Mrs/Ms First Name Middle Init Last Name L.Ac. *Example: DOM, MSOM, DC*
 _____ Y N _____

Business Name: _____

Office Location: _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____

Clinic Phone: _____ Home/Cell Phone: _____ Fax No: _____

Clinic e-mail: _____

Clinic website address: www. _____

Arizona License No: _____ NCCAOM No: _____ Other Licenses: _____

OM School (Please Spell out): _____

Graduation Year: _____

Annual Dues: (Please Check Membership Type)

- Licensed Acupuncturist \$ 125 – \$ 100 Special Reduced Dues w/paid 2014 Fall Conference
- Two Years Membership \$ 225
- Bill Me Later (3) installments \$45 (please enclose 1st payment) 2nd & 3rd will follow
- Professional Member \$75 (first year practitioner)
- Student Member \$25
- Organization \$100
- Friends of Acupuncture \$25

Yes! I wish to be on the Referral List and the online directories (for licensed or certified members only)

Please include: Clinic Address Clinic Phone Number Clinic e-mail address Clinic website address

Member Activities and Interests

- Website/Newsletter Public Relations Events/CEUs Laws/Legislation & Bylaws
- Membership/Benefits Other _____

Dues can be paid by check, filling out the credit card information below, or using PayPal

Your annual dues: \$ _____

Additional contribution to AzSOMA Legislative Action Fund: \$ _____

Total amount paid: \$ _____

Credit Cards (AMEX, VISA, MC) Card #: _____ Exp. Date: _____

Check or Money Order#: _____ Signature: _____