

NEW MEXICO ASSOCIATION OF NATUROPATHIC PHYSICIANS



MEMBERSHIP APPLICATION

Circle Membership Type:

Regular (Graduate of an accredited ND school or other medical professionals): \$125

Associate (Public member, in support of NMANP): \$100

Student (Currently enrolled in an accredited ND school): \$50

Contributing (Helping the NMANP with a donation only): \$_____

Name: _____ Phone: _____

E-mail: _____

Mailing Address: _____

Name of accredited school: _____ Year of graduation: _____

Currently licensed as an ND in another state? _____ If so, what state? _____ License #: _____

List other current professional licenses you hold (specify when you were licensed and where):

Description of practice: _____

Please email a professional headshot and practice info to alliednd@gmail.com if you would like to advertise on the NMANP website (ND regular members only)

PLEASE SUBMIT THE FOLLOWING WITH YOUR COMPLETED APPLICATION:

1. Appropriate Membership Fee; Make check or cashier's check out to Dr. Lilly-Marie Blecher c/o NMANP Treasury and mail to 1331 Maestas Rd., Taos, NM 87571 or pay online via Paypal.

2. Copy of Diploma from accredited Naturopathic Medical school

3. Copy of current Naturopathic Medical License

Do you wish to make a donation to the NMANP?

_____ Yes, please use my donation for legislative efforts _____ Yes, please use my donation for continuing education _____ Yes, please use my donation wherever it is most needed

SIGNATURE: _____

DATE: _____