

**Pennsylvania Association of Naturopathic Physicians
Membership Application**

Personal Information

Name _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Practice Information

Name of practice/business _____

Business address _____

City _____ State _____ Zip _____

Business phone _____ Fax _____

E-mail _____ Website _____

Description of practice, specialties, etc. _____

Education Information

Name of school granting ND degree _____

Year graduated _____ Honors received _____

Current licenses held, include state _____

Have you ever had your license revoked in any state? _____

If yes, attach letter of explanation.

How did you hear about the PANP? _____

Membership (choose one)

Annual dues

- | | | | | | |
|--|----------|------|-------|----|-------|
| <input type="checkbox"/> Public Supporting Member (Circle One) | \$25 | \$50 | \$100 | or | \$250 |
| <input type="checkbox"/> ND Student | \$10.00 | | | | |
| <input type="checkbox"/> Recent Graduate (within 2 years of graduation)* | \$25.00 | | | | |
| <input type="checkbox"/> Associate Member (Out-of-state NDs, MDs, DOs)* | \$100.00 | | | | |
| <input type="checkbox"/> Professional Member (Pennsylvania ND)* | \$200.00 | | | | |

- Include a copy of your diploma and/or license with your application

I certify that the above information is accurate to the best of my knowledge.

Signed _____ Date _____

*Return form and membership dues to:
Jaie Bosse, ND, 255 South 17th St, Suite 2304-A, Philadelphia, PA 19103
Or fax to (215) 315-3655
For membership and dues information, call (215) 995-1247.*