



2016 MEMBERSHIP APPLICATION- General, New Grad and Student

Personal Information

Name: _____
Home Address: _____ City: _____ State: _____
Zip: _____
Home Phone: _____ Cellular: _____

Practice Information

Name of Business: _____
Business Address: _____ City: _____ State: _____
Zip: _____ Business Phone: _____ E-mail: _____
Web: _____

Educational Information

Naturopathic College: _____ Graduation Year _____
City, State of College: _____ Post-Graduate Residency completed in Naturopathic Medicine:
Yes/ No Location: _____

Professional Information

Licensing State: _____ License #: _____ Years in Practice: _____ Other Licenses held: _____

Are you a member of the AANP? Yes No Practice Modalities/Emphasis: _____

I certify that the above information is accurate to the best of my knowledge and I promise to conduct myself in a manner that will bring credit to the Association and the Naturopathic Profession. I have read the Bylaws for the WANDA and if accepted for membership, agree to abide by them.

Signed: _____ Date: _____

Please include: _____ Dues payment _____ Copy of current State License _____ Copy of ND Diploma

General member - \$175 (3/1-2/28)
New Graduate members in the first year of practise;
join - 3/1-8/31 - \$100
join - 9/1-2/28 - \$50
Student member - \$25 (3/1-2/28)

Send payment to:
WANDA
P.O. Box 14434
Madison, WI 53708