



Supporting Member Application

Name: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Email: _____

Personal Information is retained for WANDA purposes only and will not be shared.

Yes, I want to help the WANDA introduce a bill to license and define the scope of practice of Naturopathic Physicians in Wisconsin. Here's my contribution of:

- \$25 - Supporter level
- \$50 - Advocate level
- \$100 - Sponsor level
- \$500 - Believer level
- \$1,000 - Champion level
- Other -\$ _____
- In-Kind Donation: _____

Please note that contributions to the WANDA are not tax deductible. Contact us for ideas on how you can support natural medicine through tax deductible donations.

As a Supporting member, you will be informed on the progress of the WANDA.

What is the best way to contact you?

Email Mail:

Are you willing to let us thank you for your support via our marketing materials?

Yes/ No

How did you hear of the WANDA? _____

What is your personal area of interest in, and/or association with Naturopathic Medicine? (mark all that apply)

- patient family member
- supporting business allied practitioner provider
- allied product provider other _____

Please enclose a check payable to the WANDA with completed form to:

**WANDA
PO Box 14434
Madison, WI 53708**

**Donations are also accepted online
www.wisconsin-nd.org
Or call 608-960-0900**

The Naturopathic Doctors of Wisconsin thank you for your interest and generous support to continue our successful efforts to improve access to natural medicine in our state!!