

Membership application or renewal for Idaho Acupuncture Association

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

Website: _____

Idaho State license # _____

Clinic Name: _____

Clinic address if different than above: _____

Date: _____

Membership Dues

\$100/year for Professional Voting membership (Licensed or Certified Acupuncturist in current practice in Idaho)

\$75/year for Supporting membership (Acupuncture technicians, Students, or licensed acupuncturists without a current practice in Idaho).

Fees for extras

\$30 fee for one photo on website

\$20 fee for bio of yourself on website, up to 350 words

\$45 for both a bio and picture added to your listing

\$20 fee for 2nd clinic listing on website

Total amount enclosed for dues and extras _____

Membership year begins when dues are received. Mail completed application with check to:

Idaho Acupuncture Association
c/o Karen Young, LAc
3602 11th Street
Lewiston, ID 83501