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Membership Application

I. General Information

Date of application _____

Name: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

E-mail: _____

Website URL: _____

II. Education and Licensure

States/Provinces in which you are currently licensed to practice naturopathic medicine:

State/Province _____ License # _____ Year Licensed _____

State/Province _____ License # _____ Year Licensed _____

CNME Accredited, Naturopathic Medical School Attended and year graduated:

School: _____ Year: _____

Are you a member of the American Association of Naturopathic Physicians? (not required) **Y N**

Other current professional licenses/certifications (please list)

Other current professional memberships (please list):

III. Membership Information

Please print your name, as you would like it to appear in your membership file.

Membership Categories: all non-student membership dues will be \$135.00 for one year (Nov 1st-Oct 31st.); student membership fees are \$40.00 per year. If you sign up between May-Sept, you will be responsible for paying the pro-rated amount (\$67.50 for NDs and \$20 for students)

Please check one box that corresponds to the type of membership you are seeking. Choose one category only:

- Associate:** same requirements as Fellow, but certification exam, clinical oncology experience and continuing education not required. This is a category with voting privileges.
- Supporting:** such a classification refers to persons who are interested in supporting and furthering the purposes of the Board and do not meet the qualifications of Fellow, Fellow-non-active, or Associate membership. This is not a category with voting privileges.
- Student:** such a classification refers to persons whom are enrolled at a college whose graduates are eligible for either Fellow or Associate membership status after their date of graduation. This is not a category with voting privileges.

BY CHECKING BELOW, I AGREE TO FURNISH THE ONCANP (ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC) WITH

- 1) **A COPY OF MY CURRENT STATE OR PROVINCIAL LICENSE; AND**
- 2) **CHECK FOR ANNUAL MEMBERSHIP DUES FOR THE AMOUNT OF \$135.00 (MADE PAYABLE TO ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC)**

FURTHERMORE, IF ACCEPTED FOR MEMBERSHIP IN THE ONCOLOGY ACADEMY OF NATUROPATHIC PHYSICIANS, I AGREE TO ABIDE BY THE ONCANP POLICIES AND BY-LAWS, FOLLOW ITS CODE OF ETHICS, AND UPHOLD THE HIGH STANDARDS OF THE PRACTICE OF NATUROPATHIC ONCOLOGY. I ALSO RECOGNIZE THAT THE ONCANP MAY USE THE IDENTIFYING INFORMATION GIVEN BY ME ABOVE, FOR PUBLICATION ON THE ONCANP WEBSITE (WWW.ONCANP.ORG) OR IN A DIRECTORY OF THE ONCANP; THE INFORMATION MAY ALSO BE USED FOR MAILING LISTS AS DEEMED APPROPRIATE BY APPOINTED REPRESENTATIVES OF THE ONCANP BY THE BOARD OF DIRECTORS OF THE ONCANP:

ACCEPT

DECLINE

PLEASE RETURN THIS APPLICATION, YOUR CHECK AND RELATED DOCUMENTS TO:

**COREY HARMON, EXECUTIVE DIRECTOR
ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS
216 NE FREMONT ST.
PORTLAND, OR 97212**