

Application Fee of \$225.00 (U.S. Funds) made payable to A.A.M.A.

Did you include (please check):

_____ Fellow Letter

_____ Signature on Application

_____ All items filled in

_____ Application processing fee of \$225.00
(Submit check or credit card information)

DO NOT WRITE IN THIS AREA	
1ST	_____
2ND	_____
3rd	_____

Submit a written letter (between 50 to 100 words) on your education, accomplishments and future goals in your alternative medical practice. (Attach the letter to this application)

MC/VISA: _____ EXP. Date: _____ Amt. \$ _____

e-mail: _____ web site: _____

(attach additional page if necessary)

I confirm that all information and statements I have provided are true and this information will be used to determine my membership to Fellow.

Signature of Applicant
