



**TEXAS ASSOCIATION OF ACUPUNCTURE & ORIENTAL MEDICINE**

**2011 Membership Application**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address\*: \_\_\_\_\_

**\*Required**

I would like the following address listed on the TAAOM website (check box). If box not checked, no address will be listed.

**Business Address**

**Mailing Address**

_____		
Company Name		
_____		
Address		
_____	_____	_____
City	State	Zip Code

_____		
Company Name (if applicable)		
_____		
Address		
_____	_____	_____
City	State	Zip Code

Texas State Board of Acupuncture Examiners License No. \_\_\_\_\_

**Membership Categories (Please check one):**

- \_\_\_ Professional Member (copy of current license required) \$200.00/Year  
\_\_\_ New Professional Member – licensed less than one year (copy of current license required) \$100.00/Year  
\_\_\_ Student Member \$35.00/Year

**Donations**

- \_\_\_ I am not a licensed acupuncturist, but wish to support TAAOM with my donation of: \$ \_\_\_\_\_  
\_\_\_ I am a current Lifetime Member and wish to make a donation of: \$ \_\_\_\_\_  
\_\_\_ I am renewing or new member and also wish to make a donation of: \$ \_\_\_\_\_

**Method of Payment**

Check or Money Order     Visa     Mastercard    Total: \$ \_\_\_\_\_

**NEW** – Monthly Deduction Option \$35.00 first month/\$15.00 subsequent months

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for supporting the Association that supports you!  
Please complete and return this form with a copy of your current license (if applicable) and make payment to:

**Texas Association of Acupuncture and Oriental Medicine**  
**PO BOX 92826**  
**Austin, TX 78709-2826**  
**Phone: 512.769.5179**  
**Fax: 512.445.4995**

