



TEXAS ASSOCIATION of ACUPUNCTURE & ORIENTAL MEDICINE

Membership Application - Donation Form

Internal Use Only
___ QBO ___ PP
___ EE ___ EX DATE
___ CERT

Date: _____

Contact information:

Last Name _____ First Name _____

Phone _____ Email (required) _____

Mailing address _____

City _____ State _____ Zip _____

Your business listing on taaom.org (this is a public listing):

Business name _____

Website _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax (optional) _____

Clinic Email (optional) _____

Dues Categories (Please check one): TSBAE License # _____ (required for pro member)

- 1st time professional member – annual \$100
- Professional member – annual \$200
- Professional member – **monthly automated \$20/mo**
- Student member – annual \$35
- Supporting member (non LAc) – by donation \$ _____

Additional Donation: Professional Student member

\$50 \$100 \$250 \$500 other amount: \$ _____

>>>IMPORTANT: If paying by card, you must provide the address associated with your card<<<

Check/Money Order Cash Visa Mastercard

_____ Exp Date: _____ 3 digit security code: _____

Name on Card: _____ Signature _____

Thank you for your participation!

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