



Membership Application

Thank you for your new or renewed membership to the American Association of Naturopathic Midwives. Membership fees are \$30 annually. Please take a moment to complete the following membership form. We will list this information on our website unless otherwise instructed.

Listing Information

Practitioner name: _____

Practice name: _____

Website: _____

Street Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Verification Information

Graduated from: _____

Year graduated: _____

Licensing state: _____

License number: _____