



TEXAS ASSOCIATION OF ACUPUNCTURE & ORIENTAL MEDICINE
2006 Membership Application
(Expires 12/31/06)

PLEASE PRINT CLEARLY

Today's Date _____

Last Name First Name Middle Name/Initial

Professional Title Business or clinic name

Mailing Address City State Zip

Street Address (if different from mailing address) City State Zip

Office phone # Fax # Email address (Very Important!)

Texas State Board of Acupuncture Examiners License No. _____

Membership Categories (Please check one). All Memberships expire 12/31/05.

- Professional Member (copy of current license required) \$200 per year
 If licensed less than one year, Professional Member (copy of current license required) \$100 per year
 Student Member \$ 35 per year

(quarterly or bi-annual payment plans available (please request with your application))

Donations

- I am renewing or becoming a new member and also wish to make a Donation \$ _____
 I am a current Lifetime Member and wish to make a Donation \$ _____
 I am not a licensed acupuncturist, but wish to support TAAOM with my Donation \$ _____

Is this your first TAAOM membership? Yes ___ No ___

Were you a member in 2005? Yes ___ No ___

Is this your annual renewal? Yes ___ No ___

You have my permission to list my name and contact information on TAAOM's website (if yes please fill out the attached Website Additional Information Form) www.TexasAcupuncture.com: Yes ___ No ___

Method of Payment

Check or Money order Enclosed Amount: \$ _____

Visa or Master Card Amount: \$ _____
Card # _____ Exp Date _____

Name on Card _____ Signature _____

Thank you for supporting the Association that supports you!

*Please complete this form and return with a copy of your current license
(if applicable), and payment to:*

Texas Association of Acupuncture and Oriental Medicine
PO BOX 770173
Houston, TX 77215-0173
Phone: 713-780-9777 ext: 115
Fax: 281-531-6699

WEBSITE ADDITIONAL INFORMATION FORM

Please fill out this form if you wish to be listed on www.texasacupuncture.com under the “Find a Practitioner” link.

Name: _____

Please make sure you have filled out your street address and work telephone number on the membership application. In addition, using the following form, please indicate any additional information you want to include on the website.

Your business website address/url: _____

___ Licensed in other states
Where (please include current license number for that state) _____

Other Practice/License areas (check all that currently apply) ___ Massage Therapy
___ Chiropractic ___ Nursing ___ Physician ___ Physical Therapy ___ Other _____

___ Asian Body Work Certification: ___ AOBTA Certified ___ NCCAOM Certified

___ Other Certifications _____
(Must designate source of certification, i.e. name of school or certification course)

Areas of Concentration (check 1-2 areas in which you spend most of your business time):
___ General practice ___ Geriatrics ___ Pediatrics ___ Pain Mgmt ___ Women’s Health ___ ABT
___ Addiction cessation

Languages spoken _____