



# Kansas Association of Oriental Medicine

## MEMBERSHIP FORM

### CONTACT INFO:

Name

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Mailing Address

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City

State

Zip

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Phone

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### FOR KSAOM WEBSITE DIRECTORY:

Business Name

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Business Address

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City

State

Zip

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Business Phone

E-mail Address

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Website

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### CREDENTIALING (FOR DIRECTORY AND USE ON CEU CERTIFICATES):

NCCAOM number

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What NCCAOM certifications do you hold

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State(s) Licensed in

KS License number

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Professional Organizations to which you belong

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Specialties

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Would you be interested in participating/serving in any of the following ways?

- |   |  |
|---|--|
| <input type="checkbox"/> Acupuncture Day at the Capitol | <input type="checkbox"/> Keeping up Legislative contacts           |
| <input type="checkbox"/> Education/Events               | <input type="checkbox"/> KsAOM Board                               |
| <input type="checkbox"/> Membership promotion           | <input type="checkbox"/> Newsletter                                |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Acupuncture Advisory Council to the KSBHA |

MEMBERSHIP LEVEL	Paid by check	Paid online
<input type="checkbox"/> Professional Acupuncturist	\$175	\$179
<input type="checkbox"/> Associate Member (non-voting, non LAc)	\$100	\$104
<input type="checkbox"/> Student Member (non-voting)	\$50	\$52

Signature

Date

To pay by check; mail payment and membership form to:

**KsAOM c/o Beverly Lynch Treasurer**

**5921 Monrovia St.**

**Shawnee, KS 66216**

OR

To pay online: [ksaom.org](http://ksaom.org)>donate & email the form to [Lynchbeverly7@gmail.com](mailto:Lynchbeverly7@gmail.com)

Please notify KsAOM if you have an address or email change

If you have questions or need more information email [kansasaom@gmail.com](mailto:kansasaom@gmail.com)

**WELCOME TO KANSAS ASSOCIATION OF ORIENTAL MEDICINE!**