



## ANMA HISTORY 1980-Present

### ANMA Annual Conventions

1980 ANMA 1<sup>st</sup>

Convention

Bally Hotel - Las Vegas, NV

1990 ANMA

10th Convention

Hacienda Hotel-Las Vegas, NV

2000-2013

ANMA Conventions

Riviera Hotel, Las Vegas, NV

2014-2015

ANMA Conventions

Westgate Resort Las Vegas, NV

### ANMA Incorporated 1983

### ANMA Position Papers Adopted 1990

### ANMA Current and Past Presidents

Filippos Diamantis, N.D., Ph.D.  
Donald C. Hayhurst, Ph.D., N.M.D.  
Vera Joann Allison, R. N., N.M.D.  
Joel Wallach, D.V.M., N.D.  
Steve Nugent, Ph.D., N.M.D.  
Charles Curtis, D.O., N.M.D.  
George Schuchard III, D.D.S., N.M.D.

### 1990 – Present

**ANMA Supports Fair  
Legislation Promoting  
Naturopathic Profession**

# Why Should I Become A Member?

We encourage all health care professionals and students to ask this question. Because the American Naturopathic Medical Association (ANMA) believes the answers will earn your membership and support.

How does my involvement in ANMA make a difference? Adding your voice to ANMA increases the strength of the largest association of Naturopaths composed of over 4000 Naturopaths. The ANMA creates policy, disseminates relevant information and is your strongest advocate on important issues.

What can the ANMA provide Naturopaths and Health Care Professionals like MD, DC, DO, ND, CNC, RN, DDS, and HHP's?

As an ANMA Member you support our meaningful action on:

- Preventing legislation that is harmful or keeps members from practicing
- Protecting the public right to choose naturopathy
- Promoting distance learning education
- Preserving the definition of Naturopathy

Become an active member and add your voice to today's ANMA. The choice is yours. Begin your life long professional relationship with the Association in service of Naturopaths and Naturopathy for over 35 years.

# American Naturopathic Medical Association

APPLICATION FOR MEMBERSHIP:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_ Citizenship: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: **Check One**  Home  Business \*Email Address: \_\_\_\_\_

## EDUCATION:

School:	Address	From/To	Degrees	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## INTERNSHIP/RESIDENCIES: (If applicable)

Location	Date
_____	_____
Location	Date
_____	_____

## CERTIFICATION(S): (If applicable)

Board	Date
_____	_____
Board	Date
_____	_____

## LICENSING:

Type	County/State	Date	No.
_____	_____	_____	_____
Type	County/State	Date	No.
_____	_____	_____	_____

It is my desire to become a member of the American Naturopathic Medical Association and I hereby make application for inclusion in the ANMA membership.

Name as you wish it to appear on certificate (Name Only) \_\_\_\_\_

Payment of \$350/\$295 in check or money order, must accompany application. Refund made if membership not accepted. Canadian residents must submit comparable amount to U.S. currency.

MC/VISA/DIS# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ VCode# \_\_\_\_\_

(The V code is the 3 digit code found on back of credit card)

Signature: \_\_\_\_\_

- Professional/Associate membership-\$350.00       Supporting membership - \$295.00  
 Retired/Student membership-\$295.00