

NATUROPATHIC PATIENT COALITION SIGN-UP CARD MASTER FORM

WANP
4072 9TH Avenue N.E.
Seattle, WA 98105

Tel. (206) 547-2130 or 1-800-438-2882
FAX (206) 633-1265

FRONT

**THIS INFORMATION IS SOLELY FOR THE PURPOSE OF
INCREASING INSURANCE AND LEGISLATIVE SUPPORT
FOR NATUROPATHIC CARE**

NAME _____ PHONE () _____

ADDRESS _____

CITY _____ ST ZIP _____

FAX () _____ E-MAIL _____

<input type="checkbox"/> Write Health Recovery Letter	<input type="checkbox"/> Help Establish The Network For Naturopathic Care
<input type="checkbox"/> Willing To Call/Write Legislators	<input type="checkbox"/> Help In WANP Office In Seattle
<input type="checkbox"/> Support The Petition For Right To Naturopathic Care	_____ Legislative District, If Known

Signature

BACK

Print on 3x5 cards for patients to fill out. Let them know this is how they can join a patient coalition and they may be called on the phone legislators, insurers, write letters, or sign petitions. Mail cards to WANP.

On the reverse side is another "master" for you to copy and hand out to your patients.