



**2011- 2012 NAMME MEMBERSHIP FORM**  
(JULY 1, 2011 – JUNE 30, 2012)

Renewal Membership \$130                       New Membership \$130                       Student \$40

**MEMBERSHIP DATA (PRINT CLEARLY)**

First Name:		Last Name:	
Name of Institution or Organization:			
Business Title:		Email:	
Highest Level of Education Completed:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**MAILING ADDRESS**

Business Address (Street):		
City:	State:	Zip Code:
Business Phone:	Business Fax:	

**MEMBERSHIP CATEGORY/PAYMENT**

Please select your membership category and provide method of payment for your dues.

Membership Category	Amount	Select Method of Payment
<input type="checkbox"/> Regular (Renewal & New Member)	\$130.00	<input type="checkbox"/> Check Enclosed = \$ _____ Check # _____  <input type="checkbox"/> PayPal Payment = \$ _____ <input type="checkbox"/> PayPal Confirmation # _____ (For PayPal Payment: Go to <a href="http://www.nammenational.org">www.nammenational.org</a> )
<input type="checkbox"/> Student (Non- Voting)	\$40.00	

**YOUR PROFESSIONAL DISCIPLINE**

Select all that apply

<input type="checkbox"/> Allied Health	<input type="checkbox"/> Osteopathic Medicine
<input type="checkbox"/> Allopathic Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Pre-Health/Professional
<input type="checkbox"/> Nursing	<input type="checkbox"/> Public-Health
<input type="checkbox"/> Optometry	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Veterinary Medicine	

**SERVICE TO NAMME**

Please indicate your interest in serving NAMME (Specify Interest):

Officer \_\_\_\_\_  
 Committee Member \_\_\_\_\_  
 Conference Presenter \_\_\_\_\_  
 Other \_\_\_\_\_

Please indicate your area of expertise:

**YOUR NAMME AMBASSADOR**

If new member, please list the name of the NAMME member who recruited you:

**Make Payment to NAMME, Inc.**

FED ID#: 52-1391793

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Please visit our National Website  
[www.nammenational.org](http://www.nammenational.org)

**ASSOCIATION USE ONLY**

*Dues cover the period of July 1, 2011- June 30, 2012*

Received by	Date	Period Credited
<input type="checkbox"/> Mail/Check/(Budget&Finance)		
<input type="checkbox"/> PayPal/Treasurer		
<input type="checkbox"/> Annual Conference Registration		Check or PayPal #

**Regional Designation**

Central     South     Northeast     Western