NCAAOM
North Carolina Association of Acupuncture and Oriental Medicine

First Name: _____ **Last Name:** _____

Credentials: _____

Clinic Name: _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Phone Number:** (____) _____

Please choose your membership level

◯ **New Graduate: $50.00 This level is for new graduates only. Please submit a copy of your diploma to director@ncaaom.org or mail to address below.**

◯ **Professional Membership: $175.00**

◯ **Professional Membership paid quarterly: $43.75 plus $6.95 administrative fee**

◯ **Professional Membership (6 years avoids yearly increases): $1,000**

◯ **School: $500**

◯ **Student: $5.00**

Mail Check to:

NCAAOM
385 Wesley Court
Chapel Hill, NC 27516