

Join

NATI associate members enjoy discounts for all NATI trainings, listing on the Find a Doctor Page (linked to the American Association of Naturopathic Physicians' web site), clinical support through e-mail and the NATI Yahoo discussion group, and discounts on injectable medications and hypodermic needles from participating compounding pharmacies.

Associate Member Annual Fee **\$150**

Renewal Fee: **\$100**(Renewals are due each April)

Name: _____

***Degree:** ND / MD / DO / DOM / DDS / NMD / Student / Other _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone: _____

Fax: _____

Website: _____

E-mail: _____

Payment: Check / Visa / Mastercard / American Express

Check Number: _____

Card Number: _____

Exp. Date: _____

V-Code: _____

Amount: _____

Signature: _____

Please mail or fax this completed application with accompanying documentation to:

Mailing Address:

NATI

C/o Sam Russo ND, LAc

321 Main St. Suite C

Winooski, VT 05404

Phone: (877) 587-4483

Fax: 802-859-0005

Documents needed to accompany application:

1. Doctors, include a copy of your license.
2. Students, include a letter of primary status from your clinic director **as well as** a letter of recommendation from a member of your school's clinical faculty or a NATI faculty with registration.