

Association For Integrative Health Care Practitioners
American Integrative Medical Association
PO Box: 5631
Capitol Heights, Maryland 20791-5631
EM: adm@aihcp-norfolkva.org
Membership Enrollment Document

Enter Your Full Name:
(Last Name Only)

Enter Your Discipline & Credential (s):

Entry Date:

Enter Your Birthdate:

Your Social Security Number:

Place of Birth:

Enter Your Home Address:
(Include Apt. No.)

City & State:

Zip Code:

Home Area Code and Telephone Number:

Recd. Date / R# :

Classification/Member I.D.:

Log #. / Auth.:

Your Employer / Business Name:

Employer/ Business Address:

Business Telephone Number:

Fax:

E-mail:

Your Title:

Education:

Medical School:

Date Grad.

Nursing School:

Date Grad.

Physician Assistant
School:

Date Grad.

Allied Health Training

College Study:

Date Grad.

Licensure or Registration: (Type, State Issued, Reg. Number and Exp. Date.)

MEMBERSHIP APPLICATION

Student Enrollment: (Complete if you are currently applying as a student member.)

Name of Institution of Higher or Continuing Education:

Address:

City / State: Enrollment Date:

Program of Study:

Expected Graduation Date: Earned Credential

Retired Enrollment: (Complete only if you are retired and not practicing your profession.)

Date of Retirement: Profession:

Principles of Professional Ethics Statement:

Members of the Association for Integrative Health Care Practitioners are required to abide by the Principles of Medical Ethics. To assist us in upholding the standards, please provide the answers to the following questions.

Have you been convicted of fraud or a felony within the last five years?

Yes: No:

Has any action such as revocation, suspension, limitation, probation or other sanctions or conditions ever been imposed upon a license held by you in any state jurisdiction?

Yes: No:

MEMBERSHIP APPLICATION

Have you been the subject of any disciplinary action by any medical society, professional association or hospital/clinic facility within the last five years?

Yes: [] No: []

(If you answered yes to any of the above questions you must give full details on a separate sheet.)

Current membership in other professional organizations:

[]

Other Pertinent Information to support this application: (Current and updated resume must be attached)

[]

Attached is a payment of sixty-five dollars (\$65.00). This one-time application fee is understood to be non-refundable, separate and apart from the membership dues as approved by the Association for Integrative Health Care Practitioners Board of Directors.

In making this application for membership, Applicant acknowledges that it meets the definition of membership as defined by the A.I.H.C.P. Board of Directors, who will evaluate this application. We further understand and agree to answer additional questions when necessary (either in writing or in person) as the A.I.H.C.P. representatives may request to determine eligibility.

Applicant hereby release from any and all liability, all representatives of The Association For Integrative Health Care Practitioners for their acts performed in good faith and without malice in connection with the evaluation of this application, the credentials and qualifications of the applicant.

Applicant further hereby release from any and all liability, any and all individuals and organizations who provide information to the Association in good faith and without malice concerning the professional competence of the applicant and any other aspect of the applicant relating to his/her qualification for A.I.H.C.P. membership. Applicant, for itself and on behalf of other professionals who render professional services on its behalf, hereby consent to the release of such information. Applicant also hereby release from any and all liability, all representative officers, executives, directors and staff of the Association for Integrative Health Care Practitioners, in providing benefits as authorized in good faith and without malice, as outlined in the membership brochure.

I have fully read and understand the above statement and agree to abide by the rules of membership of the Association for Integrative Health Care Practitioners. Membership is subject to the by-laws of the Association. The Board of Directors reserves the right to terminate the membership eligibility of any member for just cause.

Signature: [] Date []
Print Name: []