

OKAA Membership Form

Name: (First, Middle, Last)

Address: _____

City _____ State _____ Zip Code _____

Email: _____ HomePhone _____

Work Phone _____ Cell Phone _____

Professional Membership \$50.00 _____

Student Membership (non-voting) \$40.00 _____

Friend Membership (non-voting) \$25.00 _____

Please check which title you have earned:

OKAA Certified Acupuncturist # _____ NCCAOM Diplomat # _____

Please enclose a copy of your certificates.

Licensed Acupuncturist _____ If yes, what State? _____

If not certified with the OKAA, are you interested in doing so? _____

By signing below, I hereby agree to abide by the By-laws and the Code of Ethics of the Oklahoma Acupuncture Association and understand that if I do not, my membership may be revoked without a fee refund.

Signature _____ Date _____

Please send application and check or Money Order to:

OKAA, 209 N Muskogee, Tahlequah, OK 74464