



2011-2012 CoAND Membership Application

Name: _____

Signature: _____

- A current copy of your license is needed
 A copy of your ND diploma is needed

** Current members--If checked, mail appropriate copies with application and payment to Lorraine Caron**

Home Contact

Address:	
City:	Phone:
Zip:	Fax:
Email:	

Office Contact

Address:	
City:	Phone:
Zip:	Fax:
Email:	

Office Contact

Address:	
City:	Phone:
Zip:	Fax:
Email:	

Education

Undergrad School:	
Address:	
Graduation Date:	Degree:

Naturopathic School:	
Address:	
Graduation Date:	Degree:

Additional Professional Training:	
Address:	
Graduation Date:	Degree:

Naturopathic Medical License

State:	Number:
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- Regular Member \$250
 Associate Member (supporting, retired, or no current license) \$100
 First & Second Year Graduates \$150
 Student Member \$20

** \$50 from Regular, Associate, and New Doctor membership dues will be placed into the SDC annually**

Dues are required by the Annual Meeting

Payment may be split, with the second check being postdated for November 13th 2011 (Add a \$5.00 administrative fee.)

Make checks payable to "CoAND" and mail to:

Lorraine Caron, ND (CoAND Secretary)
 3113 South Taft Hill Road
 Fort Collins, CO 80526