



**The Acupuncture and Oriental
Medicine Association of Alaska**

P.O. Box 111973
Anchorage, AK 99511

<http://acupuncturealaska.com/>

Membership Application - 2006

Membership Category: (Choose One)

Check or Money Order made out to TAOMAAK

Professional - \$100.00 (after March 15 - \$125.00) _____

Student - \$50.00 (after March 15 - \$75.00) _____

Last Name		First Name	MI
Business Name			
Business Address		City	State, Zip
Email Address		Website	
Work Phone		Fax Number	Home Phone
Alaska Acupuncture License #		Other Professional Licenses Held (ex: ND, RN)	
Specialty/ Areas of Interest			
School Attended, Year Graduated			

TAOMAAK does not have any paid staff. Our primary method of communicating to members is by email.

We will be using the information you provide for your Website Listing. All information (except home telephone number) will be included in the Online Directory. If you do not want to be listed or if you want some of the information not to appear in the directory please indicate what information you would like excluded.

Questions? Call Rande Lucas at 907-336-6692

Mail your completed application and Check or Money Order to TAOMAAK