



Application for Membership

Name _____
Organization _____
Address _____
City, State, Zip _____
Phone Day _____
Phone Eve _____
Fax _____
E-mail address _____
Date of Application _____

TYPE OF MEMBERSHIP:

- | | |
|--|--------------|
| <input type="checkbox"/> Student Membership | \$ 25.00 /yr |
| <input type="checkbox"/> General Membership | \$ 50.00 /yr |
| <input type="checkbox"/> Lifetime General Membership | \$ 500.00 |
| <input type="checkbox"/> Benefactor Member for those wishing to support Ayurveda and NAMA at the following level | |
| <input type="checkbox"/> Bronze | \$ 100.00 |
| <input type="checkbox"/> Silver | \$ 500.00 |
| <input type="checkbox"/> Gold | \$1,000.00 |
| <input type="checkbox"/> Platinum | \$5,000.00 |

PAYMENT:

- Check or money order _____
- Visa or Master Card # _____
- Expiration Date: _____
- Name on card: _____
- Signed _____
- Dated _____

It is a policy of NAMA to give, sell or trade our mailing list to other Ayurvedic resource groups.

- Check this box to stop sharing your name.

Please mail application to NAMA at the following address:

**National Ayurvedic Medical Association
PO Box 23446
Albuquerque NM 87192**

Or fax to: 505-294-7572