



January 2010

CoAND Membership Application

- We need a current copy of your license.
 We need a copy of your N.D. diploma.
(Current members--If checked, mail appropriate copies with application and payment to Kim Nearpass)

Name: _____ Signature: _____

Home
Address: _____
City: _____ Zip: _____
Phone: _____ FAX: _____
e-mail: _____

Office
Address: _____
City: _____ Zip: _____
Phone: _____ FAX: _____
e-mail: _____

Office 2
Address: _____
City: _____ Zip: _____
Phone: _____ FAX: _____
e-mail: _____

Education
Undergraduate School: _____
Address: _____
Graduation Date: _____ Degree: _____

Naturopathic School: _____
Address: _____
Graduation Date: _____ Degree: _____

Other Professional Training: _____
Address: _____
Graduation Date: _____ Degree: _____

Naturopathic License
State: _____ Number: _____

- Regular member \$250.00
 Associate member (supporting, retired, or no current license) \$100.00
 First & Second year graduates \$150.00
 Student member \$20

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

Dues are required by June 13th 2010.

Payment may be split, with the second check being postdated for November 13th 2010 (Add a \$5.00 administrative fee.)

Make checks payable to "CoAND" and mail to:

Kimberly Nearpass, ND (CoAND treasurer)

Mountain-River Clinic
PO Box 4236
Frisco, CO 80443