

AHHA INSTITUTIONAL MEMBERSHIP APPLICATION



AMERICAN
HOLISTIC
HEALTH
ASSOCIATION

The Free and Impartial
Wellness Resource
Connecting You to the
Power of Choice

APPLYING INSTITUTION'S NAME:

Healing Center Name _____

QUALIFYING CRITERIA:

To qualify as an AHHA Institutional Member your healing center must:

- provide health care to individuals
- provide alternative (complementary) therapies either exclusively, or integrated with conventional (allopathic) medicine
- offer three or more modes of health care/modalities (such as, chiropractic, massage therapy and nutritional consulting or medical, acupuncture and psychotherapy)
- have three or more health care practitioners on staff, who are fully trained and legally qualified to deliver the care offered
- be a legally incorporated business entity (either for profit or nonprofit)
- be located in North America

Modalities Offered:

List each healing modality offered by your healing center:

Healthcare Staff:

List full names of **three key staff healthcare practitioners**, who treat patients. Indicate which modalities each is trained and legally authorized to deliver:

APPLYING HEALING CENTER'S CONFIDENTIAL CONTACT INFORMATION:

This information is kept confidential, *unless authorized elsewhere for inclusion in listing.*

Contact Person Name/Title: _____

Contact Person Phone: _____ Contact Person Email: _____

Mail To Street Address: _____

Mail To City: _____ Mail To State: _____ Mail To Zipcode: _____ Mail To Country: _____

HEALING CENTER'S AUTHORIZED DATA FOR PUBLIC LISTING:

The following information is authorized to be in the AHHA Institutional Member's listing **shared with the general public in print and online.**

Healing Center Name: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Phone: _____ Email: _____ Website: _____

Healthcare Approach: PICK ONE Integrate Alternative Therapies & Conventional Medicine Exclusively offer Alternative Therapies

Patient Access: PICK ONE Residential Only Outpatient Only Both Residential & Outpatient

Holistic Philosophy?: PICK ONE Yes No

Treatment Therapies:

Descriptive text listing treatment therapies available for patient care at Center (limit about 250 characters)

Focus of Center:

Descriptive text describing important, unique factors of what healing center offers, such as specific disease conditions treated, success rates, staff team approach, insurance coverage (limit about 250 characters)

Continue on other side

MEMBERSHIP REQUEST:

Yes, our healing center grants permission for release of the authorized information for the Healing Centers in North America networking list and other public relations opportunities.

Yes, our healing center wants to become an Institutional Member of the AMERICAN HOLISTIC HEALTH ASSOCIATION and certify that the information we have presented above is accurate.

SIGNATURE: _____ **DATE:** _____

HELP AHHA GO GREEN:

There are two ways that your healing center can help AHHA be more "green" and reduce our paper consumption:

Access some of your Thank You Packet online PICK ONE

- Option 1 = Receive receipt, certificate, and booklet by mail. Access all other materials online in *Members Only* section.
- Option 2 = Receive everything by mail

Access the AHHA Members Only Newsletter online PICK ONE

Issues of the bi-monthly AHHA newsletter, published to promote networking among members, are posted in the online *Members Only* section.

- Option 1 = Read online, after email alert available
- Option 2 = Receive in mail
- Option 3 = Both

CONTRIBUTION INFORMATION:

AHHA is a designated 501(C)(3) - Tax ID# 33-041271

Contributions are tax deductible as allowed by law

BASIC AHHA INSTITUTIONAL MEMBERSHIP CONTRIBUTION

Our healing center supports the vital work of AHHA! The leading nonprofit wellness and healing information resource, valued by many of the foremost healthcare professionals in America.

Our AHHA Institutional Membership annual contribution is..... \$ 110
 For foreign (non-USA) addresses add an additional \$10 toward extra postage costs \$ _____

ADDITIONAL DONATION

We understand that nonprofit AHHA remains free and impartial only through donations.

In fact, AHHA's work is funded solely by contributions. Therefore, we want to contribute an additional amount to expand the outreach of this valuable organization.

Of the additional donation amounts over and above basic membership contribution, we select \$ _____

- Platinum Circle: \$500 +
- Gold Circle: \$250 – \$499
- Silver Circle: \$100 – \$249
- Bronze Circle: \$50 – \$99
- Extra Gift: \$49 or less

With permission of the donor, an extra donation **over and above the basic membership contribution amount** is acknowledged in the Honored Donors section of our website at ahha.org/donors.asp with the name of the donor.

Gold and Platinum Circle level donors can add a hyperlink. *We grant permission to be added to the Honored Donors list:* Yes No

OUR HEALING CENTER'S COMBINED SUPPORT TO AHHA. Type in the total amount you are contributing..... \$ _____

This is the sum of basic \$110 membership contribution, \$10 towards foreign postage (if appropriate), and any additional donation.

SUBMITTAL OPTIONS:

Check **Money Order** **Credit Card:** Visa MasterCard Discover *If payment by credit card, fill in the following:*

- CREDIT CARD NUMBER _____ Expiration Date _____
- NAME as it appears on the credit card _____
- FULL BILLING ADDRESS for the credit card _____
- SIGNATURE of card holder _____ DATE _____

AHHA will submit your credit card transaction and notify you of the authorization code.

Return completed application and membership contribution to:

AHHA • PO Box 17400 • Anaheim, CA 92817-7400
Refer questions to 714.779.6152 • ahha.org • mail@ahha.org