



A M E R I C A N
H O L I S T I C
H E A L T H
A S S O C I A T I O N

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

Application for AHHA Institutional Membership

PLEASE TYPE OR PRINT CLEARLY

MEMBER INFORMATION:

Organization Name

Full Address (Street, City, State, Zip code)

Phone Number

Fax Number (optional)

E-mail Address (optional)

Website (optional)

Contact Person/ Title

Contact Person's Phone Number / E-mail

MEMBER LISTING:

Healthcare Approach (PICK ONE):

- Integrate Alternative Therapies & Conventional Medicine Exclusively offer Alternative Therapies

Patient Access (PICK ONE):

- Residential Only Outpatient Only Both Residential & Outpatient

Center follows a Holistic (whole person) Philosophy? (PICK ONE):

- Yes No

Treatment Therapies — List those therapies available for patient care at Center (limit about 250 characters):

Focus of Center — Describe important, unique factors of what Center offers, such as specific disease conditions treated, success rates, staff team approach, insurance coverage (limit about 250 characters):

On a separate sheet — List full names of three key staff healthcare professionals who treat patients. Indicate in which modalities each is trained and legally authorized to deliver. *Attach sheet to this application form.*

Yes, we grant permission for release of the above information for the Healing Centers in North America networking list and other public relations opportunities.

Yes, our center wants to become an Institutional Member of the AMERICAN HOLISTIC HEALTH ASSOCIATION and certifies that the information provided above is accurate.

Signature of Authorized Representative

Date

Continue on other side for payment

CONTRIBUTION INFORMATION:

INSTITUTIONAL MEMBERSHIP

We support the vital work of AHHA!

The leading nonprofit wellness and healing information resource, valued by many of the foremost healthcare professionals in America.

Enclosed is our Institutional Membership annual contribution of..... \$110

For foreign addresses, please add \$10 toward extra postage costs \$ _____

(Please consider additional support)

ADDITIONAL GIFT

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, where people are connected with self-help resources through www. ahha.org so they can become active participants in enhancing their health and well-being. As the free and impartial wellness resource, AHHA is increasing the number of health-conscious consumers worldwide — thus, creating more interest in what health-related companies offer.

Along with our membership contribution, we are enclosing an additional gift of \$ _____

- \$ 50 Bronze Circle \$ _____
- \$100 Silver Circle \$ _____
- \$250 Gold Circle* \$ _____
- \$500 Platinum Circle* \$ _____

These extra donations *over and above the basic membership contribution amount* are acknowledged in the Honored Donors section of our website 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 TOTAL SUPPORT TO AHHA IS: \$ _____

AHHA is a designated 501(C)(3)

Tax ID# 33-0412714

Contributions are tax deductible as allowed by law

We will be paying via

- Check
- Money Order
- Credit Card: Visa MasterCard Discover

Include:

- Credit card NUMBER _____ Expiration Date _____
- NAME as it appears on the credit card _____
- BILLING ADDRESS for the credit card _____
- Numbers that appear on the back of credit card in the signature box _____
- SIGNATURE of card holder _____

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 • 714.779.6152 • ahha.org • mail@ahha.org