

AHHA PRACTITIONER MEMBERSHIP APPLICATION



AMERICAN
HOLISTIC
HEALTH
ASSOCIATION

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

APPLICANT'S NAME:

Full Name _____ Male Female

APPLICANT'S QUALIFYING CRITERIA:

To qualify for AHHA Practitioner Membership an applicant must have completed formal training for at least one healing modality and have authorization to practice (such as any locally required license or certification), if needed. Note that a certificate of completion is not professional certification. In-progress training does not count until completed. Self study, self-developed programs, organizational memberships, and career positions are not considered formal training. The information provided is kept in the AHHA office computer and is shared with the public, on request. For each modality training, license, and certification mentioned in your listing, the following must be provided:

MODALITY	NAME/TYPE TRAINING	TRAINING INSTITUTION OR INDIVIDUAL	YEAR COMPLETED
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If needed, continue on separate sheet and attach.

APPLICANT'S CONFIDENTIAL CONTACT INFORMATION:

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

Name of Business: _____

Street Address: _____

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

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

MEMBER'S AUTHORIZED DATA FOR PUBLIC LISTING:

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

First Name: _____ Last Name: _____
(may include middle name/initial) (searchable field)

Initials after name: _____ (For educational/professional degrees and certifications, using periods or no periods)

Name of Business: _____ (Use if practice has a legal company name)

City: _____ State: _____ Zipcode: _____ Country: _____
(searchable field) (searchable field) (searchable field) (searchable field)

Search system can only handle one address. If practice has more than one office, a second office may be mentioned in descriptive text of listing.

Work Phone: _____ Email: _____ Website: _____
(searchable field on area code) (listing hyperlink limited to one website)

Descriptive text fields:

Space limits restrict these three fields to a cumulative total of about 65 words or 490 characters (dictated by printed version of list). Each modality mentioned here must be documented in the qualifying criteria section above.

Type of healthcare professional - to identify your status list predominant modality, such as Hypnotherapist, Medical Doctor or Wellness Coach. (Note: AHHA policy is to not use "doctor" in identifying type of healthcare professional, unless licensed physician-level trained professional)

Healing modalities offered - to identify what patients/clients can expect. Unless a licensed physician-level trained professional authorized to diagnose and treat serious illnesses, recommend not using terms such as *medical, medicine, healing, therapy, treat, or treatment.*

Key training - to identify most important/impressive professional training. Include name of degree, training, license, or certification with the name of the related institution. If not room for everything, remember that all training information submitted in qualifying criteria above can be shared with public by AHHA office, on request.

Continue on other side

MEMBERSHIP REQUEST:

Yes, I work in partnership with my patients/clients and encourage a holistic approach to wellness.

Yes, I grant permission for release of the authorized information for the AHHA Practitioner Member networking list and other public relations opportunities.

Yes, I want to become a Practitioner Member of the AMERICAN HOLISTIC HEALTH ASSOCIATION and certify that the information I have presented above is accurate.

SIGNATURE: _____ DATE: _____

HELP AHHA GO GREEN:

There are two ways that you 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 five booklets 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 PRACTITIONER MEMBERSHIP CONTRIBUTION

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

My AHHA Practitioner Membership annual contribution is \$ 60
 For foreign (non-USA) addresses add an additional \$10 toward extra postage costs \$ _____

ADDITIONAL DONATION

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

In fact, AHHA's work is funded solely by contributions. Therefore, I 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, I 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. I grant permission to be added to the Honored Donors list: Yes No

MY COMBINED SUPPORT TO AHHA. Type in the total amount you are contributing

This is the sum of basic \$60 membership contribution, \$10 towards foreign postage (if appropriate), and any additional donation.

\$ 60
\$ _____
\$ _____
\$ _____

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