

# AHHA PRACTITIONER MEMBERSHIP APPLICATION

## APPLICANT'S NAME:

Full Name \_\_\_\_\_ ☐ Male; ☐ Female



AMERICAN  
HOLISTIC  
HEALTH  
ASSOCIATION

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

## APPLICANT'S CONFIDENTIAL CONTACT INFORMATION - FOR USE BY AHHA ONLY:

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

Company Name of Your Practice: (optional) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: (REQUIRED) \_\_\_\_\_

Mail To Street Address: \_\_\_\_\_

Mail To City: \_\_\_\_\_ Mail To State: \_\_\_\_\_ Mail To Zipcode: \_\_\_\_\_ Mail To Country: \_\_\_\_\_

## MEMBER LOGIN:

Each AHHA member has a login UserID & Password for access to the online AHHA Members Only Section. Designate an email that can be used in case you forget your password in the future. It is best to use a personal email. Login-related email to use: \_\_\_\_\_

## AHHA IS NOW EXCLUSIVELY ONLINE:

AHHA strives to "go green" and minimize our paper consumption. Your AHHA membership contribution receipt is emailed to you.

Thank You Packet materials & bi-monthly member newsletter issues are accessed online in the password-protected Members Only Section.

As of January 2021 AHHA membership certificates are exclusively digital format emailed to members.

## APPLICANT'S QUALIFYING CRITERIA:

You may be qualified for many healing modalities, but AHHA only needs the following for those you wish to mention or reference in your AHHA Practitioner Member listing.

PLEASE REVIEW THE FOLLOWING CAREFULLY

- \* Submit only formal trainings that you have successfully FULLY COMPLETED. In-progress trainings will not be mentioned in your listing.
- \* Self-study, self-developed programs, organizational memberships, and career positions are not considered formal trainings, and will not be mentioned in your listing.
- \* While doctorate degrees can be mentioned in the Key Training portion of a listing, physician or doctor designation in a listing requires a government issued license granting authorization to diagnose and treat.

Information submitted is kept in the AHHA office computer and any data there is no room to mention in a public listing will be shared on request.

HOW TO PROVIDE REQUIRED DATA for each healing modality you wish mentioned or referenced in your listing:

Full Name of Course, Degree, Certification, License; Full Name of School or Organization; Date Completed; Website URL of school mentioning the specific training. If not available - scan & email copy of diploma or certificate of completion

If needed, continue on separate sheet and attach.

## MEMBER'S AUTHORIZED DATA FOR PUBLIC LISTING - THE FOLLOWING DATA WILL BE SHARED WITH THE GENERAL PUBLIC VIA YOUR LISTING:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(if needed you may include middle name or initial) (searchable field)

Initials after name: (without periods) \_\_\_\_\_

(For degrees, trainings, certifications, licenses, no memberships. Be sure documented in the *APPLICANT'S QUALIFYING CRITERIA* section above)

Company Name of Practice: \_\_\_\_\_ (Use if practice has a legal company name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Country: \_\_\_\_\_  
(searchable field) (searchable field) (searchable field) (searchable field)

Website 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: \_\_\_\_\_

**Descriptive text you are authorizing to be in your listing:** (Yes, this involves duplicating data listed in other sections of this application)

Space limits restrict the following **three fields** to a cumulative total of about 70 words or 490 characters. Note: Be sure that each modality mentioned here is documented in the *APPLICANT'S QUALIFYING CRITERIA* section above.

**1) Type of healthcare professional** \_\_\_\_\_

While you may offer many modalities, pick most important ONE. [Examples: Medical Doctor, Naturopathic Physician, Massage Therapist, Holistic Health Practitioner, Wellness Coach] Note: AHHA policy is to use "doctor" designation only for identifying licensed physician-level trained healthcare professionals.

Continue on other side

**2) Healing modalities offered** - Your opportunity to identify what you PERSONALLY provide your patients/clients. Unless you are a licensed physician-level trained professional authorized to diagnose and treat, recommend *NOT* using terms such as *medical, medicine, healing, therapy, treat, or treatment*.

**3) Key training** - Your opportunity to identify your most important/impressive professional training. Select from what you listed in *APPLICANT'S QUALIFYING CRITERIA* section of this application, and enter below in *priority order*. Must include the name of degree, course, certification or license AND name of the related institution. Reminder that if you are identifying as doctor or physician, you must provide license information.

#### MEMBERSHIP REQUEST:

**Yes**, I encourage a holistic approach to wellness.

**Yes**, I grant permission for release of the authorized information for my AHHA Practitioner Member listing and other PR opportunities.

**Yes**, I want to become a Practitioner Member of the AMERICAN HOLISTIC HEALTH ASSOCIATION and certify that the information on this application is accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### 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**

To support the work of AHHA providing the general public with educational health and wellness resources.

My AHHA Practitioner Membership contribution for the next 12 months \$ 60

##### **OPTIONAL ADDITIONAL DONATION [Over Basic Membership Contribution]**

**As a nonprofit AHHA remains free and impartial only through donations.**

Therefore, I contribute an **additional amount** to expand the outreach of this valuable organization.

**IN ADDITION TO basic membership contribution above**, I donate an additional amount of

\$ \_\_\_\_\_

☐ Platinum Circle: \$500+; ☐ Gold Circle: \$250 – \$499; ☐ Silver Circle: \$100 – \$249; ☐ Bronze Circle: \$50 – \$99; ☐ Copper Circle: \$5-\$49

With permission of the donor, an extra donation over and above the basic membership contribution amount is acknowledged in the **Honored Donors** section of AHHA website 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

##### **OUR COMBINED SUPPORT TO AHHA**

**Type in the TOTAL AMOUNT you intend to contribute to AHHA**

\$ \_\_\_\_\_

This is the **SUM** of basic \$60 membership contribution, **plus** any additional donation you would like to make.

#### PAYMENT OPTIONS:

☐ Check

☐ Money Order

Return completed application and membership contribution to address below  
[If you wish to pay by credit card, use the online options at [ahha.org/joindonate](http://ahha.org/joindonate).]