



**NEW JERSEY  
ASSOCIATION OF  
ACUPUNCTURE  
AND ORIENTAL  
MEDICINE**

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www.njaaom.net  
(973) 660-0110

300 Madison  
Suite 102  
Madison, NJ 07940

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

County in which you practice: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

NJ Acupuncture License Number (Required): \_\_\_\_\_

Year Licensed in NJ: \_\_\_\_\_

Anticipated Graduation Date and School (students): \_\_\_\_\_

**FEES** (*Please circle your choice of membership category*)

Professional Member (voting – must hold current NJ license):	\$200
Professional Member (voting-2 years or less in practice): (must hold current NJ license)	\$150
First Year Student (non-voting – rate for all 3 years in school):	\$100
Student (non-voting – annual membership)	\$50
Associate Member (non-voting – not including NJ Acupuncturists)	\$100

LEGISLATIVE ACTION DONATION – Additional \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

*Please make check payable to: NJAAOM*

*Send to: NJAAOM, Candace Sarges, President, 300 Madison Avenue, Suite 102,  
Madison, NJ 07940*