



**MONTANA ASSOCIATION OF NATUROPATHIC PHYSICIANS**  
PO Box 217 – HELENA, MT 59624  
406-442-4141

**APPLICATION FOR MEMBERSHIP**

Name \_\_\_\_\_

Clinic \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip

Is your mailing address a clinic address or home address?  Clinic  Home

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Undergraduate Education \_\_\_\_\_  
Degree and School

Degrees Awarded \_\_\_\_\_  
(Include date)

Naturopathic Education \_\_\_\_\_  
Include degree, school, date awarded

Other Post Graduate Education \_\_\_\_\_  
Include degree, school, date awarded

Areas of Special Interest/Certification \_\_\_\_\_  
Include certification and date

Montana Naturopathic License # \_\_\_\_\_ If you hold a license to practice naturopathic medicine in another state or province, please list below:

I hereby certify the above to be true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please include with your application:**

- A copy of your degree
- A copy of your license
- Membership fee

**Membership Fees:**

- 1<sup>st</sup> Year -- \$75
- 2<sup>nd</sup> Year -- \$95
- 3<sup>rd</sup> Year -- 125

**Membership year is October 1 – September 30.**

**Send to MANP Executive Director, Gail Brockbank, PO Box 217, Helena, MT 59624.**