



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

- 1st Year -- \$75
- 2nd Year -- \$95
- 3rd Year -- 125

Membership year is October 1 – September 30.

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