

# ALTERNATIVE HEALTH SERVICES

## MEMBERSHIP APPLICATION

This Membership entitles you to the Alternative Health Services monthly newsletter, as well as discounts on Instruction Classes and Certification Courses. With your paid Membership, you will receive the Newsletter by e-mail, as well as an AHS Membership Card. Your card will arrive in 2-4 weeks. To apply, simply fill out the form below and send an e-mail to [ahsofficemail@aol.com](mailto:ahsofficemail@aol.com) to confirm your application. This Newsletter will start January 1, 2009. Thank you for your interest in our educational material.

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W)

What is the best way to reach you? \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do You Own a Health Business?  Y  N

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

Do you have a website?  Yes  No URL: \_\_\_\_\_

Are you a Practitioner?  Yes  No If so, what are your Credentials?  C.I.

C.H.  D.O.  N.D.  M.D.  D.Ir.  M.H.  R.M.T.  L.M.T.  D.C.  R.N.  
 L.V.N.  C.N.A.  P.A.  C.P.

C.N.C.  C.H.P.  Colon Hydrotherapy  Other

If Other: \_\_\_\_\_

**Tell us about yourself and why you want to be a member of our organization:**

**Would you like to be part of our Referral Program? \_\_\_Y \_\_\_N**

**METHOD OF PAYMENT: \_\_\_\_\_ CHECK NO. \_\_\_ CASH**

**\_\_\_ WEBSITE PAYPAL ([www.alternativehealthservices.org](http://www.alternativehealthservices.org) )**

**FOR OFFICE USE ONLY**

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**\_\_\_\_\_ APPROVED \_\_\_\_\_ CARD SENT \_\_\_\_\_ DATE MEMBERSHIP # \_\_\_\_\_**

**NEED MORE INFO DETAILS: \_\_\_\_\_**