



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

**APPLICATION FOR MEMBERSHIP
WWW.MTND.ORG**

Membership Categories – Please check the appropriate category.

Naturopathic Doctors – must be licensed in Montana

- \$75 – 1st year graduate
 \$95 – 2nd year graduate
 \$125 – 3rd year graduate & above

Associate Member

- \$75 – licensed in another state or retired

Supporting Member

- \$50 – non-health professional, business or organization who believes in naturopathic medicine

Student Member

- \$25 – enrolled in college

Please complete as appropriate

Name _____

Clinic _____

Clinic Address for web _____
Street or PO Box City State Zip

Mailing Address _____
Street or PO Box City State Zip

Phone** _____ Email Address** _____
** Will be posted on web unless instructed otherwise

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:

A copy of my license is enclosed. The above is true to the best of my knowledge.

Signature _____ Date _____

Membership year is January 1 – December 31.

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