Membership Application

[ ] New [ ] Renew

WORLD SOCIETY OF INTEGRATIVE MEDICINE

World Institute of Integrative Medicine

Office Use Only
Membership #

Member Information

First Name:	Last Name:	
Name of Business:		
Office Address:		
City:	State:	Zip:
Country:		
Phone:	Direct:	Fax:
Email:	Website:	
Residential Address:		
City:	State:	Zip:
Preferred Mailing Address:	[ ] Office	[ ] Home

Membership Category

Membership Category

[ ] Physician MD [ ] Healthcare Practitioner

[ ] Alternative Medicine (L Ac.,DC) [ ] Other (please specify)

Membership Fee

Admission Fee: First year only [ ] $30

Membership Fee

[ ] 1 Year: $120 [ ] 2 Years: $200 [ ] 3 Years: $250

TOTAL: [$]

Membership Statement

I certify that the above information is true and correct, of which I authorize verification.
I agree to abide by WSIM's Code of Professional Ethics and Responsibility.
I understand there will be no refund of application fee and admission fee in any incidence.

Signed: Date:

Payment Information

Membership will be processed with full payment.

Check #: payable to WISM -World Society of Integrative Medicine

Name on Card: Credit Card : [ ]MC [ ]Visa [ ]Amex [ ]DISC

CC #: Security #: Exp date:

Signature: Date:

Application Submission	*Note*
Mail: WSIM - Academy Dept. 505 Mercury Ln Ste B Brea, CA 92821 **Email:** service@wsimglobal.org / www.wsimglobal.org **Phone:** 714-741-0088 Fax: 714-741-0089	Please allow 3-4 weeks for processing your membership application and Member Certificate. Take advantage of the many extended benefits of WSIM membership.