



# 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: Work :	Direct:		Fax:
Email:		Website:	
Residential Address:			
City:		State:	Zip:
Preferred Mailing Address:	<input type="checkbox"/> Office		<input type="checkbox"/> Home
Membership Category			
<b>Membership Category</b>			
<input type="checkbox"/> Physician MD		<input type="checkbox"/> Healthcare Practitioner	
<input type="checkbox"/> Alternative Medicine (L Ac.,DC)		<input type="checkbox"/> Other (please specify)	
Membership Fee			
Admission Fee: First year only <input type="checkbox"/> \$30			
<b>Membership Fee</b>			
<input type="checkbox"/> 1 Year: \$120	<input type="checkbox"/> 2 Years: \$200		<input type="checkbox"/> 3 Years: \$250
		<b>TOTAL: [ \$                     ]</b>	
Membership Statement			
<p>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.</p>			
Signed:		Date:	
Payment Information			
<i>Membership will be processed with full payment.</i>			
Check #:	payable to WISM -World Society of Integrative Medicine		
Name on Card:		Credit Card : <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> DISC	
CC #:	Security #		Exp date:
Signature:		Date:	
Application Submission		Note	
<b>Mail:</b> WSIM - Academy Dept. 9355 Chapman Ave #202 Garden Grove, CA 92841 <b>Email:</b> admin@wsimglobal.org / www.wsimglobal.org <b>Phone:</b> 714-741-0093 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.	