



American Association of Integrative Medicine®

Fellow Application

Personal Information

Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Miss Other _____

First Name _____ M.I. _____ Last Name _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Office Phone _____ Home Phone _____ Fax _____

E-Mail _____ Highest Degree _____ Primary Specialty Area _____

Print your name as you would like it to appear on your certificate. Print any designations (maximum of four) you would like to appear after your name on your certificate. (Designations must have documentation on file before they will be listed).

Credential Categories

Current Member # _____ + **Fellow** One time designation fee of \$250

\$195 Annual maintenance fee is due yearly to maintain your designation-**Maintenance fee includes yearly membership to AAIM.**

Check here if you wish to decline membership

(Annual maintenance fee is still required to keep designation active)

Discount Code _____ - \$ _____

Total \$ _____

Payment Information

Payment must accompany application. There is a \$75 administrative fee deducted for cancelled and/or denied applications. There is no refund issued after an exam has been authorized. All returned checks will be assessed a \$25 NSF check fee. For Life Member Policy please see website www.aaimedicine.com.

- Check enclosed (Please make check payable to: **AAIM**)
 Money Order MasterCard Visa American Express Discover

Card Number: _____ Expiration Date: _____ Security Code _____

- Paid in Full
 Payment Plan for membership and certification: A payment plan is available with a minimum down payment of \$150 and the balance must be paid in monthly payments (\$100 minimum) to your credit card. Certificate will be issued upon full payment.
 Payment Plan for Life Membership: A payment plan is available with a minimum down payment of \$250 and the balance must be paid in monthly payments (\$250 minimum) to your credit card. Certificate will be issued upon full payment.

Installments: Please accept \$ _____ down payment and charge \$ _____ per month until balance is paid in full.

Signature: _____

- Yes! Please sign me up for automatic dues renewal by credit card.

I certify that the information I have provided to American Association of Integrative Medicine is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association will pursue aggressive legal action. I may be asked to provide additional documentation. I understand that AAIM reserves the right to verify any and all information that I provide. If I misrepresent my credentials, refuse to provide documentation at a later time if asked, or allow my membership with AAIM to lapse, I understand and agree that my membership and/or certification status will be revoked and my membership terminated. If the documentation required for the credential or membership status for which I am applying is not received within 6 months from the date of application, I understand that no refund will be issued in the event of the cancellation or denial of my application. I agree that I will notify AAIM in writing of any civil, criminal, or complaint that is made against me. I agree to hold harmless and indemnify AAIM and its officers, directors, employees, and agents for any misrepresentation of my credentials and for all claims, loss, judgment, or expense. AAIM does not endorse, guarantee, or warrant the work or opinions of any individual members. Membership does not imply licensing or registration by the organization of a member's qualifications, abilities, or expertise. The objective of AAIM's publications and the activities that it sponsors are for informative and educational purposes. The views expressed by the authors, publishers, or presenters are their own views and do not necessarily reflect those of AAIM. AAIM does not assume any responsibility or liability for its members or subscribers' efforts to apply or use the information, suggestions, or recommendations made by the organization, publication resources, or activities.

Yes No

- Have you ever been convicted of a felony?
 Have you ever been disciplined, or are you currently under investigation, by a legal or licensing board? **If yes, please explain**

By signing below, I agree to the terms stated above:

Signature _____ Date _____

5 Easy Ways to Apply

Online at: www.aaimedicine.com | Scan & Email to: cao@aaimedicine.com | Fax to: (417) 823-9959
 Call: (877) 718-3053 | Mail to: 2750 East Sunshine St, Springfield, MO 65804