

Professional Members: If you are willing to have your name/address/phone number given to those seeking information on acupuncture in your area please indicate here: ___Yes ___No

NOTE: THIS SIDE IS VOLUNTARY. YOU DO NOT HAVE TO ANSWER ANY OF THE FOLLOWING QUESTIONS. THIS IS FOR THE BENEFIT OF BETTER UNDERSTANDING OF OUR PROFESSIONAL MEMBERS PRACTICES. YOUR REFERRALS FROM THE PUBLIC WILL NOT BE DIMINISHED BY THIS EXCEPT IN CASES OF PATIENTS YOU PERSONALLY DO NOT WANT TO SEE (I.E. CHILDREN, PREGNANT WOMEN, HIV/AIDS, CANCER, etc.). THIS WILL HELP US BETTER DIRECT THE PUBLIC TO APPROPRIATE REFERRALS.

IF YOU WANT NO REFERRALS, CHECK HERE _____

Do you accept insurance? _____ Which ones? _____
Do you work on pregnant women? _____ Children? _____ Infants? _____

Treatment styles (pick all that apply)

___ TCM ___ 5-Element ___ Japanese ___ Korean ___ Auricular ___ Medical Acupuncture
___ 8-Extra ___ NAET ___ Bioset ___ Toyohari ___ Manaka ___ Vet Acupuncture
___ Akabane ___ Tone Therapy ___ Color Therapy ___ Qi Gong/Chi Kung ___ Abdominal
___ Other (please describe) _____

Modalities (pick all that apply)

___ Acupuncture ___ E-Stim ___ Laser ___ Tacs/ Intradermal ___ Moxa (direct)
___ Moxa (indirect) ___ Moxa (needle) ___ Moxa (spray) ___ Ion Chords ___ Magnets
___ Plasters/Liniment ___ Herbs (raw) ___ Herbs (powder) ___ Herbs (pill) ___ Herb (tincture)
___ Acupressure ___ An Ma ___ Shiatsu ___ Tui Na ___ Guasha
___ Cupping ___ Massage (other) ___ Tai Chi ___ Yoga ___ Qi Gong
___ Exercise (other) ___ Food Therapy ___ Meditation ___ Hypnosis ___ Reiki
___ Naturopathy ___ Homeopathy ___ Energy Healing ___ Dream Interpretation
___ Other (Please describe) _____

Have you studied/trained outside of USA? _____ Where? _____

Do you have a doctorate in any other field?

___ MD (USA) ___ DC ___ DO ___ ND ___ DDS
___ Other (please explain) _____

*Please remember that according to Colorado law, you cannot call yourself Dr. unless you have an educational doctorate from a graduate school that is accredited in or recognized by the US and then, only when you specify what the doctorate is for. (i.e. Dr. Joe Needle, LAc PhD Chemistry)

Do you consider yourself a general practitioner or a specialist? _____

What areas do you focus on? (Check all that apply)

___ Addiction ___ Internal Medicine ___ Allergies
___ Gastro-intestinal ___ Arthritic disorders ___ Geriatrics
___ Sexual Dysfunction ___ Asthma ___ Menstruation
___ Dermatology ___ Cold's/Flu ___ Osteoporosis
___ Diabetics ___ Cosmetics ___ Pain Management
___ Family Practice ___ Immune Disorders ___ Pediatrics
___ Headaches/Migraines ___ Infertility ___ Psychological/Emotional
___ Hepatitis ___ HIV/AIDS ___ Hypertension
___ Musculo-skeletal Disorders ___ N.A.D.A ___ Neurological
___ Nutrition ___ OB/Gyn ___ Oncology
___ Orthopedics ___ Sports Medicine ___ Weight -Management
___ Women's Health ___ Men's Health ___ Reproduction
___ Digestive issues ___ Dental issues ___ Respiratory
___ Other:(Please describe) _____

Is there any type of Patient/Ailment that you would prefer to not see? Please explain _____

Is there any other information you feel I should know about you or your practice? _____

(Use another sheet of paper if necessary.)

Acupuncture Association of Colorado Membership Application

4380 Harlan Suite 203 Wheat Ridge, CO 80033 (303) 572-8744

AAC membership runs from July 1st - June 30th of each year. Once a member of the AAC you will receive The Colorado Acupuncturist, vote at our annual general business meeting, receive a membership discount to the AAC Annual Fall Conference, and receive a discount for malpractice insurance (professional members). You will be eligible for membership in U of C Credit Union, receive discounts from OMS and Redwing Books and can get discounts for membership in AOMA among other benefits.

The AAC offers three different types of membership: Student, Associate and Professional.

Student Membership: Members must be currently enrolled in a recognized, professional entry-level training program.

Associate Membership: For those who support the activities of this association and want to stay informed of activity.

Professional Membership: This is for professional acupuncturists who are Licensed with the Department of Regulatory Agencies - Acupuncture Office in the State of Colorado.

Please check the membership status for which you are applying:

Student (\$30)

School You are Attending: _____ Anticipated Graduation Date: _____

City / State of School: _____

Associate (\$35)

Professional; (\$100 if 1st/2nd Year Practitioner, \$150 if 3rd Year or more).

Colorado License Number: _____ Expiration Date: _____

*** Application must include a copy of your current CO License with Expiration date ***

NOTE: Only half of your membership fee is tax deductible due to the fact that the AAC uses half of the collected fees for their legislative fund. The information you provide below will be included in the AAC Annual Directory, which is printed after the first of every calendar year and in our website database at www.AcuCol.com.

Information that is not included on this application will neither appear in the directory nor website. Please make a note if you want any information kept from the directory or the website.

PLEASE TYPE OR PRINT CLEARLY!

Name: _____ Today's Date: _____

New Membership Renewal Membership: I want my newsletters sent by: USPS Email

For Student Members – Home Address: _____

City / State / Zip _____

Home Phone: (____) _____ Email: _____

For Professional Members – Business Name: _____

1st Business Address: _____ Suite Number: _____

City / State / Zip _____

Business Phone: (____) _____ Fax: (____) _____

Website/Email: _____

Is this where you would like to receive your mail? YES NO

2nd Business Address: _____ Suite Number: _____

City / State / Zip: _____

Business Phone: (____) _____ Fax (____) _____

Is this where you would like to receive your mail? YES NO