

Acupuncture Association of Colorado Membership Application

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

AAC membership will run for one year from your payment processing date. Once a member of the AAC, your benefits will include;

Our quarterly e-newsletter - The Colorado Acupuncturist, inclusion in an on-line public profile linked to our website, an updated website with a calendar and blog, a vote at our annual general business meeting, a membership discount to the AAC Annual Fall Conference, discounts for malpractice insurance (professional members), and opportunities to represent your practice and the general profession at health fairs and festivals. You will be eligible for membership in Elevations Credit Union, discounts from OMS and Redwing Books and discounted AAAOM membership.

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 one year or \$60 for full term of education) School You are Attending: _____

Associate (\$35)

New Professional (\$100 if 1st or 2nd Year Member)

Professional; (\$150 if 3rd Year or more Member)

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 basic information you provide below will be included in the member-editable public profile connected to our website, ACUCOL.COM. Once you payment and application is processed, you now have the opportunity to add in additional information such as your photo and the specialties that you practice.

Check # _____ OR Credit Card: # _____

Exp. Date: _____ Sec. Code (on back of CC): _____ Zip Code: _____

Please note if you want any information to be omitted the AAC's public profile/member database.

PLEASE TYPE OR PRINT CLEARLY!

Name: _____ Today's Date: _____

New Membership: _____ Renewal Membership: _____

For Student Members – Home Address: _____

City / State / Zip _____

Home Phone: (____) _____ Email: _____

(Student information will not be viewable in the public database)

For Professional Members – Business Name: _____

Business Address: _____ Suite Number: _____

City / State / Zip _____

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

Website _____ Email: _____

Mailing Address: _____ City, State, Zip _____

Once the AAC office has received and approved your application, you will be sent an email with your temporary password. Please use this to go to the AAC website to post your on-line profile with a biography, headshot, and to list your specialties OR include the information below and we will enter it for you. When you have changes, email them to: info@acucol.com

In an effort to go green, the AAC's primary communication will be via email correspondence. Please read our emails carefully to ensure that you keep current with the exciting changes at the AAC!

IF YOU WANT YOUR INFORMATION ENTERED IN THE WEBSITE FOR YOU, PLEASE FILL OUT THE FOLLOWING:

Do you accept insurance? _____ In-Network___ Out of Network___ Flex Plan / HSA___ Medpay___

Languages Spoken: _____

NCCAOM Certificate # _____ NCCAOM Exp. Date: _____

Year Graduated: _____ Credentials: _____

Treatment styles (pick all that apply)

___ Auricular (ear) ___ Bioset ___ Community Style Clinic ___ 5-Element ___ Japanese ___ Korean
___ Medical Acupuncture ___ Scalp ___ TCM ___ Trigger Point Release ___ Veterinary

Modalities (pick all that apply)

___ Acupuncture ___ Acupressure ___ Aromatherapy ___ Cupping ___ Diet and Lifestyle Therapy
___ E-Stimulation ___ Gua Sha ___ Herbology ___ Injection Therapy & Biopuncture ___ Laser
___ Medical massage ___ Moxa ___ Magnets ___ N.A.D.A. (National Acupuncture Detoxification Assoc.)
___ NAET (allergy elimination) ___ Plasters & Liniments ___ Qi Gong & Chi Kung ___ Tui Na
___ Tuning Forks & Sound Therapy

Specialties (pick all that apply)

___ Addiction	___ Fertility	___ OB/Gyn
___ Allergies	___ Fibromyalgia	___ Oncology
___ Arthritis	___ Gastro intestinal & digestive	___ Osteoporosis
___ Asthma	___ Geriatrics	___ Pain – Musculo Skeletal
___ Autoimmune Disease	___ Headaches/Migraines	___ Pediatrics
___ Cold's/Flu	___ Hepatitis	___ Psychological/Emotional
___ Cosmetics	___ HIV/AIDS	___ Respiratory
___ Chronic Fatigue	___ Hypertension	___ Sexual Dysfunction
___ Dental	___ Men's Health	___ Smoking Cessation
___ Dermatology	___ Musculo-Skeletal	___ Sports Medicine
___ Diabetes	___ Neurological	___ Stress, Anxiety & Depression
___ Family Practice	___ Insomnia & Sleep	___ Weight –Management
		___ Women's Health

Other Certificates: _____

PLEASE ATTACH A BIOGRAPHY. If you would like a photo or logo, please include or email it to: info@acucol.com