



# The California Naturopathic Doctors Association

600 S. Lake Ave, Suite 308, Pasadena, CA 91106 ♦ (626) 793-0140 ♦ Fax (815) 550-2411

## 2010 Membership Payment Form

- Renewal**                       **New-Applicant** *(application form required)*

<u>Membership Type</u>	<u>Discounted Annual Rate</u>	<u>Monthly Rate (for 12 mos)</u>
♦ Regular		
Grads prior to 2007.....	<input type="checkbox"/> \$350	<input type="checkbox"/> \$35
2007 Graduates.....	<input type="checkbox"/> \$300	<input type="checkbox"/> \$30
2008 Graduates.....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$20
2009 Graduates.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
♦ Medical Students*.....	<input type="checkbox"/> \$50	n/a
♦ Retired/Inactive NDs.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
♦ Out-of-State NDs.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
Out-of-State NDs w/listing on website...	<input type="checkbox"/> \$200	<input type="checkbox"/> \$20
<b>Additional donation to CNDA.....</b>	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____
	One-time	Monthly

*\* For students in accredited naturopathic medical colleges - one-time fee good for all student years*

- Check is enclosed**
- Charge my credit card for one-time annual rate or monthly payments as indicated above.**

Visa or MC# \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**ANNUAL RENEWALS ARE DUE BY JANUARY 31, 2010**

*Members who are renewing at the regular annual rate (\$350) may renew online at [calnd.org](http://calnd.org)*

*All other categories must use this form.*

*Please or mail or fax-in to fax number above (secure).*

*Please review your member profile online to make sure all information is current.*

**THANK YOU!**