

**OCAANP** Ohio Chapter of the American Association of Naturopathic Physicians

Membership Application for Supporting Members

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

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

\_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address/website address: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

**Please Describe Any Areas of Special Interest You May Have:**

\_\_\_\_\_  
\_\_\_\_\_

**Please print your name, as you would like it to appear on your membership certificate.**

\_\_\_\_\_

If accepted for membership in the OCAANP, I agree to abide by the OCAANP polices and by-laws.

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

**How often do you wish to be updated on current OCAANP issues?**

Weekly      Monthly      Quarterly      Annually      Not at all

**Do you have family and/or friends in Ohio who are supportive of Naturopathic Medicine?**      Yes      No

**Are you interested in participating in lobby days, pubic hearings, and meetings with legislators?**      Yes      No

**Please Enclose Membership Dues**

- Supporting Member - \$ 40

**Payment method**

- Check is enclosed (make checks payable to OCAANP)

**SEND TO:**  
**OCAANP Treasurer**  
**Nicholas Parasson, N.D.**  
**1680 Akron Peninsula Rd. #103**  
**Akron, OH 44313**