

The Michigan Medical Acupuncture Association



MEMBERSHIP REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Day) _____ (Evening) _____

E-MAIL ADDRESS: _____

Membership in the MMAA, a state chapter of the American Manual Medicine Association is \$10.00 Please make your payment out to Medical Massage, Inc.

You will receive an email and/or letter confirmation of your registration.

Make checks payable to Medical Massage, Incorporated and mail to: Medical Massage, Incorporated 2040 Raybrook SE, Suite 104, Grand Rapids, Michigan 49546

Method of payment: Check Money Order
 Credit Card (circle one) MasterCard Visa Discover AMEX

Print name as it appears on card: _____

Total Amount \$ _____

Credit Card #:

Expiration Date:

Signature: _____ Date: _____

**The Michigan Medical Acupuncture Association
2040 Raybrook SE, Suite 104, Grand Rapids, Michigan 49546
888-375-7245 Toll Free – 616-575-9066 Fax
www.michiganmedicalacupuncture.org
info@MichiganMedicalAcupuncture.org**