



Application for Membership

Name _____

Degree _____

License Number _____

State _____ Date _____

Select a Membership Category from the options below:

Regular Active Membership

\$350 annually: Licensed healthcare practitioners actively engaged in homeopathic practice, including:

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Doctor of Naturopathic Medicine (ND/NMD)
- Doctor of Dental Surgery (DDS) or Doctor of Dental Medicine (DMD)
- Doctor of Veterinary Medicine (DVM)
- Advanced Practice Nurse (NP)
- Physician Assistant (PA)

Must hold a valid license to practice in any U.S. state and be actively engaged in homeopathic practice. License verification required.

Regular, active membership applicants, please enclose application fee of \$25.00, and a photocopy of your current license. (If you wish to enclose your dues, no application fee is required.)

Senior Members

\$275 annually: Active members age 65+ who have been AIH members in good standing for 20+ years and remain in active practice.

Retired Members

\$175 annually: Healthcare practitioners age 65+ who previously held valid U.S. licenses and are no longer in active practice.

Members in Training

\$200 annually Healthcare practitioners in formal training programs, including:

- Medical, osteopathic, naturopathic residents/fellows
- Dental residents
- Veterinary residents
- Advanced practice nursing or physician assistant students/trainees

Must provide documentation of training program enrollment and anticipated completion date.



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Affiliate Membership

\$250 annually:

- Doctor of Pharmacology (PharmD)
- Registered Pharmacists (RPh)

Must hold valid U.S. license/registration and be engaged in homeopathic pharmaceutical practice.

Corresponding Membership

\$200 annually: Licensed foreign physicians actively practicing homeopathy outside the United States. License verification required.

Student Membership

\$50 annually Students in good standing at accredited schools whose graduates are eligible for Active Membership:

- Medical, osteopathic, naturopathic schools
- Dental schools
- Veterinary schools
- Advanced practice nursing or physician assistant programs

Must provide current student ID. Note: Professional homeopathy training programs do not qualify unless they lead to one of the above degrees.

Payment Information

Credit Card Visa MasterCard Discover

Card Number _____ Expires _____ / _____

Signature X _____

Professional Information

Office Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

E-mail Address _____



Application for Membership

Home Information

Home Address _____

City _____ State _____ Zip _____

Telephone Number _____

E-mail Address _____

Please List Degrees _____

Are you Board Certified? Yes No

Board of Certification _____

The AIH publishes a directory of our membership. Please indicate what of your office information should **not** be published. Your home information will not be published, but provided only to AIH members. I agree to having the above *office* information *except where indicated* published in the

AIH *Directory of Members* and/or on the AIH website.

Signature X _____

Applicants for Corresponding or Student membership may stop here after signing above.

Professional domestic applicants are asked to answer the following questions:

Yes No Are you prepared to practice homeotherapeutics in accordance with the AIH Standards of Practice? (see Standards)

Yes No Have you listed a physician reference?

Yes No Have you been convicted for fraud or a felony within the last five years? *



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Yes No

Has any action, in any jurisdiction, been taken regarding your license to practice medicine within the last five years or extending to within the last five years? This includes actions involving revocation, suspension, limitation, probation, or any other sanctions or conditions imposed upon a license.*

Yes No

Have you been the subject of any disciplinary action by any medical society or hospital staff within the last five years? *

Conviction for fraud or a felony, or actions involving revocations, suspension, limitation, probation, or any other sanctions or conditions imposed upon a license to practice medicine or disciplinary action by any medical society or hospital staff, after due notice and hearing, may result in censure, suspension, or expulsion of a direct member. The Health Care Quality Improvement Act requires professional societies to report certain professional review actions that adversely affect membership, including denial of membership, to the National Practitioner Data Bank.

Please list a professional reference with telephone number below:

Name _____

Telephone _____

Address _____

City _____ State _____ Zip _____

Signature X _____

To the best of my knowledge, I have answered the above questions fully and honestly. I agree to abide by the **By-Laws** of the American Institute of Homeopathy, to pay all dues, fees and assessments in a timely fashion, and to conduct my practice in an ethical manner.

Signature X _____

Office Use Only:

Date Received _____

License Verification _____

Newsletter, 30 days _____

Journal _____

Letter, Certificate, Membership Card _____

Return Application to address below. Call with any questions.

American Institute of Homeopathy

c/o George Guess MD DHt, Trustee

909 Summit View Lane

Charlottesville, VA 22903

Telephone: (888) 445-9988