

The North Carolina Integrative Medical Society

PRINT APPLICATION AND MAIL WITH CHECK TO: PO Box 6472, Raleigh, NC 27628; ph. 919-833-5092 www.ncims.com

MEMBERSHIP APPLICATION - NCIMS membership is confidential, do you want your name given to patients looking for integrative practitioners in your area? YES NO

NAME & DEGREES:

EMAIL: _____ COUNTY _____

PRACTICE OR COPORATE NAME _____

OFFICE ADDRESS _____

OFFICE CITY _____ STATE _____ ZIP _____

BUS. PHONE: _____ CELL PHONE _____

HOME PHONE: _____ WEBSITE: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

UNDERGRADUATE TRAINING: _____

GRADUATE TRAINING: _____
_____ YEAR/DEGREE _____

POSTGRADUATE /SPECIALTY): _____

BOARD CERTIFIED? _____ STATES IN WHICH YOU HOLD LICENSES & LICENSE #:

SERVICES/SPECIALITES INCLUDED IN YOUR PRACTICE:

Membership Dues – send your check to the address above

Medical Director of Multi-Practitioner Clinic	\$1000
Pharmacy	\$500
Doctor - MD, DO, DC, DDS, D of Lac, PhD	\$200
PA/NP, Lac, physical therapists, dietician, masters' degree health professional	\$150
Nurses, massage therapists, medical school residents	\$125

Note: Twenty-five (25%) discount for affiliates in the same practice; the primary practitioner must pay full dues.
Dues may be deductible as an ordinary and necessary business expense for income tax purposes.

AGREEMENT I hereby apply for membership in the NCIMS and agree to abide by its bylaws and objectives. I give NCIMS permission to contact medical schools and other references/entities for purposes of verifying information in this application.

Signature: _____ Date _____