



## Application Form for Admission to The American Academy of Ozonotherapy (AAO)

Each member in the AAO must be a degreed health professional. Membership includes medical doctors, osteopathic medical doctors, naturopathic doctors, veterinarians, chiropractic doctors, dentists, oriental medical doctors, nurse practitioners, and physician assistants. Admission fee and annual dues: \$300

Name \_\_\_\_\_

Mailing Address

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

Professional Address (if different)

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

Profession \_\_\_\_\_

Specialty (ies)

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

Telephone: Office - \_\_\_\_\_ Home - \_\_\_\_\_

Mobile - \_\_\_\_\_

Email \_\_\_\_\_

Additional e-mail (should you have one)

\_\_\_\_\_

Website \_\_\_\_\_

Birth date \_\_\_\_\_

Are you licensed? \_\_\_\_\_ If So, please provide a photo copy of your current license. And please note that all academy members are required to inform the academy immediately of any change in their license status.

Do you want your professional contact information to be included on the academy's patient referral site? \_\_\_\_\_ . Please note that academy members are required to inform the academy of any changes in their contact information.

If not, would you like to receive referrals for patients in your area?

\_\_\_\_\_

Please list any other professional organizations to which you belong:

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

Please list any board certifications:

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

Please make the check for membership fees to The American Academy of Ozonotherapy. Mark the envelope personal, and mail to:

AAO  
1231 Country Club Drive  
Carson City, NV 89703  
USA  
ATTN: Robin Evans