

AAIM Nomination Form

We need your help to recruit integrative health care professionals into our membership. Please nominate colleagues you feel would be assets to the organization by completing the form below. Membership packets will be sent to each person you suggest. You will receive \$25 in membership bucks for each individual you nominate who becomes a member of AAIM.

Your Name: _____ Specialty: _____

Fax: _____ E-mail Address: _____

May we reference your name when contacting the nominee? Yes No

I nominate the following individual(s) for membership in the American Association of Integrative Medicine:

Please Print

Name: _____

Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Nomination forms may be duplicated and submitted to:

AAIM

**2750 E. Sunshine, Springfield, MO 65804
Phone: (877) 718-3053 Fax: (417) 823-9959
Email: cao@aaimedicine.com**