



# American Society<sup>™</sup> of Acupuncturists

[www.ASAcu.com](http://www.ASAcu.com)

## **New member application**

Thank you for your interest in joining the ASA. Please review the requirements listed in this application before you proceed to ensure that you meet the ASA minimum requirements for membership.

- Member organizations of the ASA must meet and maintain specific qualifications as stated in the ASA bylaws, meet member financial obligations, and act in good faith as a representative of the acupuncture community. These include;
  - Is a state (or equivalent) based membership organization open to licensed acupuncturists/AOM professionals
  - Is not a chapter of a larger national organization
  - Is officially incorporated, has bylaws, and collects membership dues
  - Represents 25 members or at least 10% of qualifying practitioners
- A legal representative of the candidate organization must complete and sign the following application. This document will be reviewed following ASA procedures to determine the potential for membership in the ASA. Final membership determination requires board review and a formal vote by the ASA Council. Application for membership does not guarantee acceptance into the organization.

## **Application Checklist**

Explanations and/or supporting documentation should be attached to this document referencing the section in question.

### **A) General Information**

1) Name of organization applying for membership:

2) Please attach a brief history of this organization detailing the reason why this organization was established and what population it serves, and why it is separate from other organizations that already serve the acupuncture/Asian medicine community in the local area.

3) What is the primary purpose of the organization? What are the vision and mission of the organization?

4) Does this organization agree to abide by the bylaws of the ASA? Yes\_\_\_ No\_\_\_ If No- explain:

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5) Does this organization agree to the ASA code of conduct? Yes\_\_\_ No\_\_ If No- explain:

6) Does this organization have any affiliations, policies, or stances that are or might present a conflict of interest? Yes\_\_\_ No\_\_ If Yes - explain:

7) Is your organization the only one representing your state? Yes \_\_\_ No \_\_\_ if No - explain:

8) Do you have a working relationship with other organizations in your state?  
Yes\_\_\_ No \_\_\_ N/A\_\_\_\_\_ If Yes or No - explain:

9) Has this organization been in existence and/or can demonstrate at least informal group activity over the past three years? Yes\_\_\_ No\_\_\_ If fewer than 3 years of formal incorporation please attach explanation and documentation

## **B) Checklist of required documentation to accompany this signed application**

- Explanatory documentation as required by answers to above questions
- Incorporation documents (e.g. 501(c)6)
- Organization bylaws
- Official documentation or minutes that support the official desire to join ASA
- List of membership categories
- Number of professional members
- Number of practitioners in the state (as accurate as possible)
- CV's of current Board members

I hereby declare that the above information is true to the best of my understanding as a duly designated representative of the above indicated organization applying for ASA membership.

Signed:

Date:

Printed Name:

Official position or title:

Contact email:

Contact phone number(s):