



First Name:

Last Name:

Credentials:

Clinic Name:

Preferred Mailing Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Please choose your membership level

- New Graduate: \$50.00** This level is for new graduates only. Please submit a copy of your diploma to director@ncaaom.org or mail to address below.
- Professional Membership: \$175.00**
- Professional Membership paid quarterly: \$43.75 plus \$6.95 administrative fee**
- Professional Membership (6 years avoids yearly increases): \$1,000**
- School: \$500**
- Student: \$5.00**

**Mail Check to: NCSAAM
385 Wesley Court
Chapel Hill, NC 27516**