

# AMERICAN HIRUDOTHERAPY ASSOCIATION

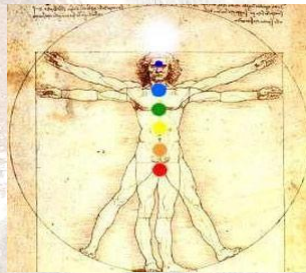
## COMMISSION ON MEMBERSHIP CERTIFICATION

Mail to: 451 Crestdale Ln, # 82, Las Vegas, NV 89144-1005

Phone: (702) 883-5343, Fax: (888) 825-0793

Website: [www.americanhirudotherapyassociation.org](http://www.americanhirudotherapyassociation.org)

E-mail: [membership@americanhirudotherapyassociation.org](mailto:membership@americanhirudotherapyassociation.org)



Place Recent Photo Here

### EVALUATION APPLICATION

Only Typed or Printed Applications Accepted. Whenever additional space is required, please attach additional page.

Name:  Mr.  Ms.  Miss  Mrs.  Dr.  Other \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Professional Degree (Check all that apply):**  BA,  BS,  MA,  MBA,  MPH,  MS,  PhD,  C.H.P.,  Phar.D.,  MD,  DPM,  DVM,  DO,  ND,  RN,  NP/PA,  NA/LVN,  DHT,  Other (specify): \_\_\_\_\_

**Job Category (check all that apply):**  Health Care professional,  Health Care student,  Hirudotherapy Practitioner,  CAM Practitioner (Complementary & Alternative Medicine),  HHP (Holistic Health Practitioner),  Chiropractor,  LAc (Licensed Acupuncture),  Yoga Instructor,  Chinese Medicine,  Ayurveda Alternative Practice,  Doctor NP,  President,  Business Owner,  Nutr. Consultant,  Educator  Other: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Country \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Telephone: Home (    ) \_\_\_\_\_ Office: (    ) \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN#: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eyes Color \_\_\_\_\_

Citizen or Legal Resident: Country \_\_\_\_\_ State \_\_\_\_\_

Where is your practice: Country \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Owner/Founder: Name of your Business \_\_\_\_\_ Category \_\_\_\_\_

## **EDUCATION**

### **COLLEGE/ UNIVERSITY/ ACADEMY**

Name \_\_\_\_\_ Address \_\_\_\_\_ From/ To \_\_\_\_\_

Degrees \_\_\_\_\_ Title(s) \_\_\_\_\_ Date Received \_\_\_\_\_

### **COLLEGE/UNIVERSITY/ ACADEMY (continue if applicable)**

Name \_\_\_\_\_ Address \_\_\_\_\_ From/ To \_\_\_\_\_

Degrees \_\_\_\_\_ Title (s) \_\_\_\_\_ Date Received \_\_\_\_\_

### **HIRUDOTHERAPY TRAINING, ALTERNATIVE & COMPLEMENTARY MEDICINE PRACTITIONER EDUCATION, ACUPUNCTURE & CHINESE MEDICINE, AYURVEDA:**

School/ Academy Certificate(s) Date

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

### **Other Certificates, Achievements, Honors, and Publications:**

Country \_\_\_\_\_ Dates \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

**Member of other Associations:** \_\_\_\_\_

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Notarized\* Copies of the required documents:

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- Picture ID (identification) Driver License, Passport, and State ID\*
- Educational DIPLOMAS and LICENSES\*
- REGISTERED Name of Corporation/ Company Official Document\*
- Hirudotherapy CERTIFICATES\*
- Organizational Memberships
- Honors and Achievements (with Internet links if apply)
- 2 Passport-type photographs

**After the approval is granted, please forward all documents via certified mail to the address below:**

AMERICAN HIRUDOTHERAPY ASSOCIATION  
c/o Ed Kolyszko  
Attention: Membership Committee  
451 CRESTDALE LN # 82  
LAS VEGAS, NV 89144-1005  
USA

### **American Hirudotherapy Association - Type of Membership**

#### **Member Categories and Qualifications:**

**Corporate Members** – National & International strictly related to CAM/Biotherapies:

**Companies** with the established Ownership of Corporations, Educational Body, Consortiums, Foundations, Associations (for profit & not-for-profit) and other non-incorporated Private & Public Organizations.

**Professional Members** – National & International: Professional hirudotherapists, bio-therapists, alternative and complementary medicine therapists(CAM), healthcare professionals, researchers, educators, vendors - **Individuals** trained and/or working in biotherapy related fields, education, zoology, microbiology, biochemistry, biomedical research, and vendors of biotherapy products.

**General Supporters/Community Members** –National & International: Members who wish to support the mission of the America Hirudotherapy Association, but do not qualify for Professional membership. This includes, but is not limited to, non-therapist members, general supporters, enthusiasts and followers.

**Student members (undergraduate & graduate)** - National & International: **Individuals** receiving formal training in any field and with appropriate documentation (i.e., valid student's identification card, official letter from institution).



**Honorary member** – National & International: Membership in this category will be at the discretion of the Board of Directors, with recommendations by the Membership Committee. It is by invitation only, based on significant past contributions to the field of **hirudotherapy** or on the related to medical, environmental and/or humanitarian activities in the bio-therapy categories. American Hirudotherapy Association (AHA) is expected that there will be no more than one Honorary Member presented for the acceptance each year.\*

\*The Membership Committee of the American Hirudotherapy Association will post the new candidate for the **Honorary Member for Year 2014** in June, 2013.

All the documentation for the submission of proposed candidates for Honorary Membership in year 2015 must be received by the Membership Committee by February 28<sup>th</sup>, 2013.

Please contact the American Hirudotherapy Association for the list of the specific requirements and guidelines.

Only the qualified Corporate members and Professional members with documented credentials and achievements in hirudotherapy and/or other bio-therapies will be considered for submission.

**MEMBERSHIP DUES:**

Memberships expire on December 31 of each year. When joining **after September 1**, membership fees will cover the entire next year. Fees are current as of March 15<sup>th</sup>, 2012, but are subject to change at any time by the Board of Directors. Notice: 10% discount if membership paid for 2 years in advance, 20% discount - if paid for 3 years in advance. If you want to be included in more than one category you have to apply and pay your dues separately.

Example: if you own a company and you are applying for Corporate Member status - only your company will be listed in the Association’s directory Online; if you want your individual name to appear in the American Hirudotherapy Association directory you have to apply as a Professional Member candidate.

| Membership Category                            | 1 Year | 2 Years | 3 Years |
|--|--------|---------|---------|
| Corporate member                               | \$ 250 | \$ 450  | \$ 600  |
| Professional member                            | \$ 150 | \$ 270  | \$ 360  |
| General supporters                             | \$ 65  | \$ 104  | \$ 143  |
| Student members                                | \$ 25  | \$ 45   | \$ 60   |
| Honorary member (lifelong, by invitation only) | Gratis |         |         |

Membership choice: \_\_\_\_\_ Dues: \_\_\_\_\_ Year(s) \_\_\_\_\_

Please let us know how you want your name to appear on your membership card (print):

\_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

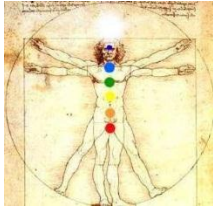
Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_

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*For office use ONLY! Do not write below! If you need more space please attach extra page.*



*“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless and intelligence cannot be applied.”*

***Herophilos***

- 1.
- 2.
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