

ACUPUNCTURISTS *of* HAWAII

A Non-Profit Professional Association

Membership Application Form

1. CONTACT INFORMATION

Full Legal Name: _____

Last

Middle

First

Hawaii License No.: ACU- _____ Exp. Date: _____ Other Professional Licenses (if any): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

2. BUSINESS INFORMATION (if applicable)

Business Name/DBA: _____

Phone: (____) _____ Fax: (____) _____ Website: _____

Mailing Address (ONLY if different from above): _____

3. EDUCATION

Name of Institution: _____ Month/Year Graduated: _____

Other Education: _____

Other Certifications or Qualifications: _____

4. FOR STUDENTS ONLY

Name of Institution: _____ Expected Graduation: _____
MM/YY

5. PROFESSIONAL ETHICS AND DISCLOSURE Please answer the following questions:

Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ Yes ☐ No

Have you ever been a defendant in a criminal or civil litigation connected with a health care practice? ☐ Yes ☐ No

Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ☐ Yes ☐ No

Are there any disciplinary actions pending against you? ☐ Yes ☐ No

6. MEMBERSHIP FEES/PAYMENT

Please check one Member Category only:

☐ Regular Member
(Licensed Acupuncturist) \$100



<https://square.link/u/GMvGK3px>

☐ Associate/Student Member
(Students and Supporters) \$50



<https://square.link/u/LZB4bLWu>

☐ Checks Payable to: *Acupuncturists of Hawaii* mail to: 100 N. Beretania Street, #203, Honolulu, HI 96817

7. DECLARATION

I hereby apply for membership and declare that all the information submitted with this application are true, complete, and correct to the best of my knowledge, I also understand that misstatements or omissions of material facts may be the cause for denial of this application or for suspension or revocation of membership.

Print Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY		☐ Fees Paid	
☐ Hawaii Licensed Acupuncturist	☐ Approved	Amount \$ _____	Check # _____ Visa / MC / AMEX
☐ Associate/Student	☐ Denied	Processed By: _____	Date: _____

Tel: 808-888-0323

Fax: 808-521-2271

Email: director@acuuhawaii.org

Website: acuuhawaii.org