



**BOARD OF DIRECTORS**

216 NE FREMONT  
PORTLAND, OR 97212  
800.490.8509 T  
ONCANP@GMAIL.COM  
WWW.ONCANP.ORG

JACOB SCHOR, ND, FABNO  
*PRESIDENT*  
DANIEL LANDER, ND, FABNO  
*SECRETARY*  
RENEE LANG, ND, FABNO  
TIMOTHY BIRDSALL, ND, FABNO

MICHAEL UZICK, ND, FABNO  
*VICE PRESIDENT*  
HEIDI KUSSMANN, ND, FABNO  
*TREASURER*  
GURDEV PARMAR, ND, FABNO

## Membership Application

### I. General Information

Date of application \_\_\_\_\_

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website URL: \_\_\_\_\_

### II. Education and Licensure

States/Provinces in which you are currently licensed to practice naturopathic medicine:

State/Province \_\_\_\_\_ License # \_\_\_\_\_ Year Licensed \_\_\_\_\_

State/Province \_\_\_\_\_ License # \_\_\_\_\_ Year Licensed \_\_\_\_\_

CNME Accredited, Naturopathic Medical School Attended and year graduated:

School: \_\_\_\_\_ Year: \_\_\_\_\_

### III. Membership Information

**Membership Categories:** all non-student membership dues will be \$150.00 for one year (Nov 1<sup>st</sup>-Oct 31<sup>st</sup>.); student membership fees are \$40.00 per year.

**Please check one box that corresponds to the type of membership you are seeking. Choose one category only:**

- Associate:** same requirements as Fellow, but certification exam, clinical oncology experience and continuing education not required. This is a category with voting privileges.
- Student:** such a classification refers to persons whom are enrolled at a college whose graduates are eligible for either Fellow or Associate membership status after their date of graduation. This is not a category with voting privileges.

**BY CHECKING BELOW, I AGREE TO FURNISH THE ONCANP (ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC) WITH**

- 1) **A COPY OF MY CURRENT STATE OR PROVINCIAL LICENSE; AND**
- 2) **CHECK FOR ANNUAL MEMBERSHIP DUES MADE PAYABLE TO ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS, INC.**

**FURTHERMORE, IF ACCEPTED FOR MEMBERSHIP IN THE ONCOLOGY ACADEMY OF NATUROPATHIC PHYSICIANS, I AGREE TO ABIDE BY THE ONCANP POLICIES AND BY-LAWS, FOLLOW ITS CODE OF ETHICS, AND UPHOLD THE HIGH STANDARDS OF THE PRACTICE OF NATUROPATHIC ONCOLOGY. I ALSO RECOGNIZE THAT THE ONCANP MAY USE THE IDENTIFYING INFORMATION GIVEN BY ME ABOVE, FOR PUBLICATION ON THE ONCANP WEBSITE ([WWW.ONCANP.ORG](http://WWW.ONCANP.ORG)) OR IN A DIRECTORY OF THE ONCANP; THE INFORMATION MAY ALSO BE USED FOR MAILING LISTS AS DEEMED APPROPRIATE BY APPOINTED REPRESENTATIVES OF THE ONCANP BY THE BOARD OF DIRECTORS OF THE ONCANP:**

ACCEPT

DECLINE

**PLEASE RETURN THIS APPLICATION, YOUR CHECK AND RELATED DOCUMENTS TO:**

**COREY HARMON, EXECUTIVE DIRECTOR  
ONCOLOGY ASSOCIATION OF NATUROPATHIC PHYSICIANS  
PO Box 12121  
PORTLAND, OR 97212**