

**ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION (IHMA)  
ANNUAL MEMBERSHIP RENEWAL/APPLICATION FORM**  
[www.homeopathyillinois.org](http://www.homeopathyillinois.org)

**RENEWAL / NEW\***     MD, DO, DC, DDS, ND, DVM, PA, NP    \$100  
                           ASSOCIATE MEMBER                            \$75  
                           STUDENT/RESIDENT                                \$50

**MAILING ADDRESS:**

**Please note any changes below.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**WEBSITE LISTING:** (Active members only)

**Please note any changes below.**

Name: \_\_\_\_\_  
Clinic Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Office Website: \_\_\_\_\_

**Other database information on file:**

**Please note any changes below.**

E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Cell/home phone: \_\_\_\_\_  
Medical License No: \_\_\_\_\_

**\*NEW APPLICANTS** must include documents as outlined on the Membership Application form which can be downloaded from the Website.

**DUE DATE** for renewal and continued inclusion on the website with incorporation of noted changes must be received by \_\_\_\_\_.

Make check payable to IHMA. Send the check and this completed form to: **IHMA, Attention Treasurer, 400 E. 22nd Street, Suite F, Lombard, IL 60148.**

New members will receive a signed IHMA Membership Certificate, be added to our membership database and online practitioner list (if licensed), and receive a Password to access the "Members Only" section of the Website.

Office use only:

check received date: \_\_\_\_\_ BY: \_\_\_\_\_  
 database updated: \_\_\_\_\_ BY: \_\_\_\_\_  
 certificate sent date: \_\_\_\_\_ BY: \_\_\_\_\_  
 confirmation, minutes and password sent date: \_\_\_\_\_ BY: \_\_\_\_\_