

**De'Qi Friends**  
**Fun is a part of our ability to heal people**

**Application Form**

Name \_\_\_\_\_

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

\_\_\_\_\_

Office Phone \_\_\_\_\_

FAX \_\_\_\_\_

Web Site: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

NCCAOM Certificate # \_\_\_\_\_

NY License or Certificate # \_\_\_\_\_

Other Licenses or Certifications: \_\_\_\_\_

\_\_\_\_\_

Membership: New \$ \_\_\_\_\_ Renewal \$ \_\_\_\_\_

**Yearly Participation Fee for Practitioners: \$35**

**Participation Renewal: \$50**

**Yearly Participation Fee for Non-Practitioners: \$50**

**Participation Renewal: \$75**

**Student Participation Fee: \$10**