



HERBAL STUDIES SERIES _____
NATURAL MEDICINE _____
PROGRAM APPLICATION

There is a deposit for either one of the programs of \$500.00. Place an X ABOVE, Near one or both programs you are applying for. The HERBAL MEDICINE SERIES meets on 3RD Saturday all year, and early December. Mark your calendar. The NATURAL MEDICINE PROGRAM meets FIRST SATURDAY during the year, except fourth of July Holiday time, during which it will meet July 11. Mark your calendar. All tuition and fees are required prior to program start, unless you have signed a limited Payment Plan Contract.

Registrant Name _____ EMAIL :

In case of emergency contact _____
SUDENT Telephone number(s) _____
mobile , indicate whether you text _____

RESIDENTIAL Mailing Address, including: CITY AND STATE, and full zip code.

ANY MEDICAL ISSUES, ALLERGIES, OR HEALTH WARNINGS, PLEASE DISCLOSE:

Mail or bring in this application for admissions when ready. I will require a 20\$ application fee paid through VENMO. Otherwise, I accept cash or checks, checks made out to AASM. Thank you! MARY LIGHT ND MH LMT
734-769-7794 www.naturopathicschoolofannarbor.net

