



# american naturopathic member application

## APPLICATION ADDENDUM REQUESTING ADJUSTED RATE FOR PART-TIME PRACTICE

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**A. Identifying Information** (Type or print in black ink.)

1.

First Name

Middle Initial

Last Name

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**B. Practice Information**

1. Number of days a week worked at practice? \_\_\_\_\_

2. Number of hours per week worked at practice? \_\_\_\_\_

3. Office hours each day of the week?

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

4. Number of patients you see weekly? \_\_\_\_\_

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C. Additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**D. Applicant Signature**

Based on the information above, underwriting will determine if you are eligible for the part time rate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date