



Central Savannah River Area Chapter of the
AMERICAN *Holistic Nurses* ASSOCIATION

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STUDENT MEMBERSHIP APPLICATION

Please PRINT legibly. Thank you.

NAME: _____

CREDENTIALS: _____ STATE LICENSED IN: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (H) _____ (C) _____

E-MAIL: _____

Current Practice Area:

- ☐ Clinic ☐ Community Health ☐ Faculty ☐ Home Health ☐ Hospice ☐ Hospital ☐ LTCF
☐ L&D ☐ Nsy./NICU ☐ OR/PACU ☐ Peds ☐ Psych ☐ Rehab. ☐ School ☐ Other: _____

*Students: (list school attending) _____

Areas of Interest:

- ☐ Acupuncture ☐ Acupressure ☐ Aromatherapy ☐ Art Therapy ☐ Ayurvedic Medicine ☐ Biofeedback
☐ Chelation Therapy ☐ Colon Cleansing ☐ Crystals ☐ Dance Therapy ☐ Drum Therapy ☐ Ear Candling
☐ Healing Touch ☐ Herbalism ☐ Guided Imagery ☐ Laughter Therapy ☐ Magnets ☐ Massage
☐ Meditation ☐ Music Therapy ☐ Naturopathy ☐ Qi Gong ☐ Reiki ☐ Spinal Manipulation ☐ Spirituality
☐ Tai Chi ☐ Traditional Chinese Medicine ☐ Yoga ☐ Other: _____

(Make checks payable to CSRA AHNA Chapter)

☐ Student - \$15/year This is for local chapter membership only.

☐ Student - \$0/year FREE local chapter membership with National AHNA membership
AHNA Membership Number: _____

www.CSRAAHNAChapter.webs.com

Chapter use only: membership card _____ flyer _____ web-site _____ e-mail links _____ date: _____