



**Rhode Island Association of Naturopathic Physicians  
Supportive Membership Application**

**Supportive Members** are members of the general public who want to support the purposes, mission, vision, and goals of the RIANP. Dues for supportive membership are \$25 per year.

Please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Areas of expertise, interest, or experience (i.e. fundraising, networking, education, legislation, advocacy, administrative): \_\_\_\_\_

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

Why and how would you like to be involved in the RIANP?

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

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**Annual Supportive Member dues: \_\_\_\_\_ \$25.00**

**THANK YOU FOR YOUR SUPPORT!**

Please send your check or money order (payable to the RIANP) to:

**RIANP  
c/o Sheila M. Frodermann, ND  
Providence Wholistic Healthcare  
144 Waterman Street, #3  
Providence, RI 02906**

Rhode Island Association of Naturopathic Physicians

[www.RIANP.org](http://www.RIANP.org)