



MBACB Membership Insurance Application

Name _____ License # _____

Company _____

Address _____

City _____ State/Province _____ ZIP _____ Country _____

License Name _____ Number _____

License Expiration Date _____

Business Phone _____ Home Phone _____ Cell Phone _____

Email _____ Web Address _____

Please list the types of natural therapies interventions you use as part of your profession. Please list and explain all other interventions you use in your practice. Use back of application if needed.

By signing below I acknowledge all information accompanying this application is truthful and that I am not withholding any pertinent information. I understand any policy issued on the basis of my application will exclude surgery, pharmaceutical interventions and all other medical interventions not specifically covered as natural therapies.

Signature _____ Date _____

FAX your completed application to: 888-642-9992, email it to: info@mbacb.com
or mail it to: MBACB, 361 So Camino Del Rio #102, Durango, CO 81303.