



MEMBERSHIP APPLICATION

Membership #: _____

Please complete all sections in printed letters

1 Personal information

Mr. Mrs. Ms.

Languages: French English

FIRST NAME: _____ LAST NAME: _____

Home phone: _____ Date of birth (yyyy/mm/dd): _____

Cellular phone: _____ E-mail: _____

Work phone: _____ Website: _____

Have you ever been a member of the Academy of Naturopaths and Naturotherapists of Canada? Yes No

When would you like to start your membership (specify the month): _____

HOME (mailing address)

Do not display my home address on the website

Address: _____ Apt. #: _____

Town: _____ Province: _____ Postal code: _____

WORK (address displayed on the website)

Same as home address

Business name: _____

Address: _____ Suite #: _____

Town: _____ Province: _____ Postal code: _____

2 Briefly describe your professional involvement as well as your fields of interest in alternative medicine

3 Commitment

Should my application be approved, I pledge to abide by the Code of Ethics and By-Laws of the Academy of Naturopaths and Naturotherapists of Canada that I have read on their website (www.acnn.ca). I also acknowledge that the Academy of Naturopaths and Naturotherapists of Canada reserves the right to amend these Regulations at any time and that it will inform me, if any.

Signature

Date

Date: _____ Per: _____



MEMBERSHIP APPLICATION (CONTINUED)

Membership #: _____

4 Additional information

1. Are you a member of another grouping or professional order? Yes No
If yes, specify: _____
2. Have you subscribed to any professional liability insurances? Yes No
If yes, *please include a proof of insurance.*
3. Are you Canadian citizen or Permanent resident of Canada? Yes No
If not, please explain: _____
4. Have you been in a court judgment to the effect that you have been found guilty of one or many criminal offense(s) in Canada or in another country? Yes No
If yes, please explain: _____

5. Are you currently prosecuted in a criminal offense in Canada? Yes No
If yes, please explain: _____

5 Required for the study of your file

- Membership Application duly completed, **signed and dated**;
- Certificates, diplomas or credentials (photocopies);
- Payment **made to the order of "ACNN"** (cheque, money order or E-Transfer [please contact us at info@acnn.ca in order to get the instructions for E-Transfer payment]) (see List of Membership Costs at www.acnn.ca/en/tariff-charter/).

Your request will be processed within ten (10) working days following its reception.

Should your request be accepted, we will send you a welcome package containing your membership certificate.

If not, a \$36 processing fee will be taken from your payment and we will refund the difference.

RESERVED FOR ADMINISTRATION

Entry date

Billing date

Invoice no.

Amount

Mailed on



ACADEMY OF NATUROPATHS AND
NATUROTHERAPISTS OF CANADA
140 - 1029 DES ESCOUMINS STREET
TERREBONNE QC J6W 5H2

LOCAL PHONE NUMBER (Montreal and north shore) --- 450 326-1800
TOLL-FREE NUMBER ----- 1 866 326-1800
EMAIL-----info@acnn.ca
WEBSITE-----www.acnn.ca

MEMBERSHIP APPLICATION (CONTINUED)

Membership #: _____

⑥ Academic training (minimum required: 400 training hours in alternative medicine)

- List your diplomas and certificates in the table hereunder;
- Include a copy of your diplomas and certificates;
- WHEN TRAINING HOURS ARE NOT INDICATED ON THE DIPLOMA, please include either a confirmation letter from the school, a transcript showing training hours or credits or a course outline detailing training hours.

USE PAGE 4 WHEN NEEDED

Name of the school	Title of completed course	Date	Training hours
		SUB-TOTAL	
		+ SUB-TOTAL / PAGE 4	
		TOTAL	

Declaration

I, the undersigned, _____, declare that the above information is complete and true.

(name in printed letters)

Signature

Date



MEMBERSHIP APPLICATION *(CONTINUED)*

Membership #: _____

6 Academic training *(continued)*

Name of the school	Title of completed course	Date	Training hours
SUB-TOTAL			