

LOCAL PHONE NUMBER (Montreal and nor	th shore) 450 326-1800
TOLL-FREE NUMBER	1 866 326-1800
EMAIL	info@acnn.ca
WEBSITE	www.acnn.ca

## **MEMBERSHIP APPLICATION** Membership #: (Reserved to administration) Please complete all sections in printed letters Personal information N Mr. Mrs. Ms. Mx. 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: Briefly describe your professional involvement as well as your fields of interest in alternative medicine B 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. Date Signature (original signature required)

Date:



ME	BERSHIP APPLICATION (CONTINUED)	Membership #: (Reserved to administration)				
Þ	Additional information					
1	<ol> <li>Are you a member of another grouping or professional order? If yes, specify:</li></ol>	Yes No				
2	<ol> <li>Have you subscribed to any professional liability insurances? If yes, please include a proof of insurance.</li> </ol>	🗌 Yes 🗌 No				
3	<ol> <li>Are you Canadian citizen or Permanent resident of Canada?</li> <li>If not, please explain:</li> </ol>	Yes No				
<ul> <li>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?</li> <li>If yes, please explain:</li></ul>						
	<ul> <li>5. Are you currently prosecuted in a criminal offense in Canada?</li> <li>If yes, please explain:</li> </ul>	Yes No				
B	<ul> <li>Certificates, diplomas or credentials (photocopies or pictures);</li> <li>Proof of hours when training hours are not indicated on the diploma or certificate;</li> <li>All documents can be sent by email to info@acnn.ca or by mail to the address indicated on the header of the Form.</li> <li>Payment instructions:         <ul> <li>(see List of Membership Costs at www.acnn.ca/en/tariff-charter/)</li> <li>By mail: Cheque or money order made out to the A.C.N.N;</li> <li>By email: E-Transfer (please contact us by email at info@acnn.ca in order to get the payment instructions).</li> </ul> </li> <li>Your request will be processed within ten (10) working days following its reception.</li> <li>Should your request be accepted, we will send you a welcome package containing your membership certificate. If not, a \$37 processing fee will be taken from your payment and we will refund the difference.</li> </ul>					
ſ	Reserved for Administration					
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## **MEMBERSHIP APPLICATION** (continued)

Membership #:

(Reserved to administration)

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;

Signature (original signature required)

• WHEN TRAINING HOURS ARE NOT INDICATED ON THE DIPLOMA, please include either a confirmation letter or email 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	I Title of completed course	Date	Training hours	
		SUB-TOTAL		
Reserved for Administration		+ SUB-TOTAL / PAGE 4 TOTAL		
claration				
I, the undersigned,	,, declare that the above information is (name in printed letters)			
complete and true.		• •		

Date



## MEMBERSHIP APPLICATION (CONTINUED)

Membership #:\_

(Reserved to administration)

6	Academic training (continued)				
	Name of the school	Title of completed course	Date	Training hours	
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