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

Membership #:_____
(Reserved to administration)

Please complete all sections in printed letters

❶ Personal information

☐ 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:

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

_____

_____

_____

_____

_____

_____

❸ 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 (*original signature required*) Date

Date:_____ Per:_____ (Reserved to administration)

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MEMBERSHIP APPLICATION *(CONTINUED)*

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❹ 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: _____

❺ Required for the study of your file

- Membership Application **duly completed, signed and dated**;
- Certificates, diplomas or credentials (photocopies or pictures);
- Proof of hours when training hours are not indicated on the diploma or certificate.

All documents can be sent by email to info@acnn.ca **or** by mail to the address indicated on the header of the Form.

Payment instructions:

(see List of Membership Costs at www.acnn.ca/en/tariff-charter/)

By email: E-Transfer (please contact us by email at info@acnn.ca in order to get the payment instructions);
By mail: Cheque or money order made out to the A.C.N.N.

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 $37 processing fee will be taken from your payment and we will refund the difference.

RESERVED FOR ADMINISTRATION	

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MEMBERSHIP APPLICATION *(CONTINUED)*

Membership #:_____
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❻ 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 or an 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	Title of completed course	Date	Training hours
Reserved for Administration		SUB-TOTAL	
		+ SUB-TOTAL / PAGE 4	
		TOTAL	

Declaration

I, the undersigned, _____, declare that the above information is
(name in printed letters)
complete and true.

_____ Signature (*original signature required*)

_____ Date

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MEMBERSHIP APPLICATION *(CONTINUED)*

Membership #:______________________
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❻ Academic training *(continued)*

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