



MEMBERSHIP APPLICATION

Membership #: _____
(Reserved to administration)

Please complete all sections in printed letters

1 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: _____

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 (handwritten signature required)

Date



MEMBERSHIP APPLICATION (CONTINUED)

Membership #: _____ <small>(Reserved to administration)</small>

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 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 (**WE WILL SEND YOU PAYMENT INSTRUCTIONS ONCE WE RECEIVE THE COMPLETED FORM AND DOCUMENTS**);

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.

<i>RESERVED FOR ADMINISTRATION</i>	



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;
- 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 complete and true.
(name in printed letters)

 Signature (*handwritten signature required*)

 Date



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 #: _____
(Reserved to administration)

6 Academic training *(continued)*

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