NUPATH
APPLICATION FOR MEMBERSHIP

NAME (Person or Company): _____

ADDRESS:_____

_____

CITY:_____ PROV:_____ POSTAL CODE:_____

Phone (Business): (_____)_____-_____ (Home / Cell): (_____)_____-_____

E-mail:_____ Website _____

✓**I am applying for the following type of membership:**
    [ ] Active   [ ] Associate
    [ ] Student   [ ] Supporting (Corporate)

For Active & Student Membership Applications:
1. Name and address of institutions for homeopathic training, plus diplomas/certificates, etc., plus date of graduation where applicable (attach copies of certificates and grade transcripts):

Institution	Location	Hours of Study	Clinical Hours	Diploma/Certificate

2. Record of recent homeopathic seminars attended (attach copy of certificate):

Seminar	Date/Location	Organizer	Hours of Study	Certificate
				Yes or No
				Yes or No
				Yes or No

For Active & Student Membership Applications: Please give two professional references.

Name:_____ Professional Qualifications:_____

Phone:_____ Address:_____

Name:_____ Professional Qualifications:_____

Phone:_____ Address:_____

For Active Membership Applications:

1. Are you currently practicing homeopathy? [ ] Full time [ ] Part time   Hours per week:_____

2. Are you currently practicing any other health-care discipline? [ ] No [ ] Yes
Details:_____

3. Are you registered with any other professional body?   [ ] No [ ] Yes
Details:_____

4. Percentage of practice devoted to homeopathy: (check one)
      [ ] 100%   [ ] 75%   [ ] 50%   [ ] 25% or less

For Associate Membership Applications:

Health-care discipline you are working in, plus any diplomas, degrees, etc.
_____
_____

For Supporting Membership Applications (Corporate):

Contact Person: _____ Phone: (_____) _____-_____

If accepted for membership, I agree to be bound by the rules, regulations, code of ethics (where applicable) and statements laid down by the Board of NUPATH and as approved by the members (where required). If I cease to be a member due to non-payment of dues or for any other reason, I cease to enjoy all benefits of membership.

Name: _____ Signed:_____
(please print in capital letters)

Date: _____

Payment Information: (Please check payment type)

☐ Cheque / Money Order (payable to NUPATH)

Please mail application, cheque and copies of supporting documents (if applicable) to:

<div align="center">

NUPATH
2680 Matheson Blvd., Suite #102
Mississauga, ON, L4W 0A5

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Office Use Only:
Application Received:_____
Fee Received Amount:_____   Chq Bank / Chq # _____ / _____
Application: [ ] Accepted   [ ] Declined   [ ] More Information Requested   Date:_____
Date of Receipt of More Information:_____
Result of Review of Application: [ ] Accepted   [ ] Declined   Date:_____
Certificate Sent:_____   Certificate #_____   Date:_____

NUPATH Membership Form as of December 18, 2017