

# 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)

MASTERCARD  VISA  Cheque / Money Order (payable to NUPATH)

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

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

**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: \_\_\_\_\_