



NAN MEMBERSHIP REQUEST

PERSONAL INFORMATION

Last name: _____ First name: _____

Home address: _____ City: _____

Province: _____ Postal code: _____

Date of birth: _____

F M Preferred communication language(s) _____

Business address 1: _____

Business address 2: _____

Do you work from your home? Yes ___ No ___

Bus. Phone #: (____): _____ Residence phone #: (____) _____

E-mail: _____ Facebook page: _____

Web site: _____ Twitter: _____

Instagram: _____ LinkedIn: _____

What are the reasons motivating you to join the NAN?



ACADEMIC TRAINING

School(s)	Completed course(s)	Hours	Dates

Are you currently attending classes or training? Yes _____ No _____

If so, please tell us in which training institution and the name of the courses:

Are you a member of another association or group, or professional order? Yes _____ No _____

Have you ever been a member of another association group or professional order? Yes _____ No _____

If so, the name of the association, group or order, your membership number and the expiry date and reason for departure if applicable:

_____ # _____ Exp. ____/____/____

Reason for departure: _____

_____ # _____ Exp. ____/____/____

Reason for departure: _____

Do you work with children? Yes _____ No _____

Do you make home visits? Yes _____ No _____

Do you give courses or teach? Yes _____ No _____

Do you have any specialties or expertise (elderly, handicapped, sign language, etc.)?



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Do you give conferences?

Yes _____ No _____

If so, on which subject(s)?

Name of the person (or school) referring you

(Can be a teacher or a reference for NAN)

Professional “Errors and omissions” liability insurance

Upon your acceptance as an NAN member, you will receive your member number. You can then contact our insurance broker Essor at 1-877-883-7767 # 81040 or write at medecinealternative@essor.ca for your insurance needs. You can also get coverage online: <https://medecinealternativeessor.ca/form/ann>. Professional liability insurance is strongly recommended and essential to your practice.

Inquire about discounts on home and car insurance as your affiliation with NAN may entitle you to some rebates.

Please include copy of proof of professional insurance in your file if you already have such coverage.

Documents needed to submit your application

- Diplomas
- Certificates, attestations
- Photo ID proof (driver’s license, passport, working visa)
- Grade transcripts
- Résumé
- All academic courses completed (professional training, CEGEP, university, etc.)
- All other documents which are part of your academic background
- Proof of insurance coverage (if you already subscribe to this product)

Please note: an incomplete file will delay the process of revision of your application.



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OFFICIAL NAN MEMBERSHIP REQUEST

I _____ (name in block letters) wish to become a
National Association of Naturopath member in good standing and agree to respect the NAN code of ethics.

SOLEMN DECLARATION

(please answer all questions)

Has a civil and/or legal action already been filed against you?

Yes _____ No _____

Has a professional complaint and/or lawsuit ever been filed against you?

Yes _____ No _____

Have criminal charges ever been filed against you?

Yes _____ No _____

Have you ever been expelled and/or suspended from an organization or association?

Yes _____ No _____

I solemnly declare that the above statements are true and undertake to report to the NAN any changes relating to these answers after the signing of this declaration within 10 days of the change(s), under penalty of cancellation of my membership immediately, be it temporary or permanent, the decision being left to the discretion of the NAN.

The undersigned certifies that the information given in this application is true and declares neither to have omitted nor misstated any material facts. I understand that incorrect statements or omissions may void my acceptance to the National Association of Naturopaths.

I hereby declare that I have read the official NAN Code of ethics and accept to comply to the contents of all regulations. I understand that should I not comply, I will be exposed to sanctions and/or radiation and/or disciplinary fines.

Yes _____ No _____

I have made my payment of 286.29\$ (249 + tx) for one (1) year of membership or my payment of 526,58\$ (458\$ + tx) for two (2) years of membership before sending my membership request by mail or by email to the address below.

I understand that a period of 15 working days is necessary to process a file. Should my application be rejected, a \$50 fee + tax (\$57,99) will apply and the reimbursement of my membership request payment will reflect this charge.

Date: _____

Signature: _____

Email: _____

Signed in: _____



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Provisions related to the Act respecting the protection of personal information in the private sector

You have given us information regarding your private file and unless otherwise instructed by yourself, we shall consider that you consent to our keeping in a file, all information you have already given or may give us, orally, in writing, virtually, computerized, etc. We shall also consider, unless otherwise instructed by yourself by registered mail or email, that your consent is valid for a period of five years.

Consent

I hereby consent freely to the Act, that the National Association of Naturopaths will gather in a file from now on, all the information that I will transmit whether it be written, oral or computerized.

Date: _____ **Signature:** _____

Email: _____ **Signed in:** _____

***Please sign and return this request and include
all necessary documents by mail or to the email address below.***

Payment must be made to proceed with the revision of your file.