

# WNF CORPORATE SPONSOR APPLICATION FORM

*members@worldnaturopathicfederation.org*



**NAME of COUNTRY:**

In English:

**NAME of Corporation:**

In English:

**Corporation Address:**

Street:

City:

State/Province/Canton:

Zip:

Country:

Telephone: Country Code:

Area Code:

Number:

Fax:

Email:

Website:

**Chief Elected Officer (Name & Title Ex: President)**

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**Chief Staff Officer (Name & Title Ex: Executive Director)**

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# WNF CORPORATE SPONSOR APPLICATION FORM

*members@worldnaturopathicfederation.org*



**Name of Corporation** (enter below)      **Current Number of Members** \_\_\_\_\_.

\_\_\_\_\_ formally wishes to join the World Naturopathic Federation (WNF) as a Corporate Member &

(a) Encloses:

- A cheque/check in payment of membership dues of:

\_\_\_\_\_ Platinum USD\$10,000

\_\_\_\_\_ Diamond USD\$5,000

\_\_\_\_\_ Gold USD\$2,500

\_\_\_\_\_ Silver USD\$1,000

\_\_\_\_\_ Bronze USD\$500

Please make cheque/check out to *World Naturopathic Federation*  
Mail cheque/check to *World Naturopathic Federation*  
20 Holly Street, Ste 200  
Toronto, Ontario  
M4S 3B1

On behalf of the Corporation I hereby acknowledge that we meet the Membership Criteria for a Corporate Sponsor of the World Naturopathic Federation.

**Dated at** \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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

**Signed for and on behalf of the Corporation by:**

\_\_\_\_\_  
*Please **print** name and title*