

WNF NON-PROFIT SPONSOR APPLICATION FORM

members@worldnaturopathicfederation.org



NAME of COUNTRY:

In English:

NAME of Non-Profit Organization:

Non-Profit Organization Address:

Street:

City:

State/Province/Canton:

Zip:

Country:

Telephone: Country Code:

Area Code:

Number:

Fax:

Email:

I _____ formally wishes to join the World Naturopathic Federation (WNF) as a *Non-Profit Sponsor &*

(a) _____ I confirms that I have read and agree with the Mission Statement of the WNF

(b) I enclose: a cheque/check in payment of membership dues of:

_____ Platinum USD\$5,000

_____ Diamond USD\$2,500

_____ Gold USD\$1,000

_____ Silver USD\$500

_____ Bronze USD\$250

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

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I hereby acknowledge I meet the Non-Profit Sponsor Membership Criteria of the World Naturopathic Federation.

Dated at _____ this _____ day of _____ 20__

Signature: _____