

WNF PRIVATE SPONSOR APPLICATION FORM

members@worldnaturopathicfederation.org



PRIVATE SPONSOR APPLICATION FORM

NAME of COUNTRY:

In English:

NAME of Individual:

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 *Private 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

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members@worldnaturopathicfederation.org



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

I hereby acknowledge I meet the Private Sponsor Membership Criteria of the World Naturopathic Federation.

Dated at _____ this _____ day of _____ 20__

Signature: _____