*Address:*
World Naturopathic Federation
20 Holly Street, Ste 200
Toronto, ON
Canada
M4S 3B1

**NAME of COUNTRY:**

In your language:

In English:

**NAME of Association/Federation:**

In your Language:

In English:

**Association/Federation Address:**

Street:

City:

State/Province/Canton:

Country:

Zip/Postal Code:

Telephone:

Country Code: Area Code: Number:

Fax:

Email:

Website:

**Chief Elected Officer *(Name & Title e.g.: President)***

**Chief Staff Officer *(Name & Title e.g.: Executive Director)***

**Current Number of Members:** \_\_\_\_\_\_\_\_\_\_\_

Name of Association / Organization:

 *Formally wishes to join the World Naturopathic Federation (WNF) as a Full Member.*

**Please check the following and confirm (√) that your organization:**

\_\_\_\_\_ has read and agrees with Mission Statement of the WNF

\_\_\_\_\_ is legally constituted national naturopathic association or federation.

\_\_\_\_\_ has voting members that are primarily naturopaths, naturopathic doctors or equivalent (at least 60%). [*See the membership criteria.*](file:///C%3A%5CUsers%5CUser%5CDownloads%5Cworldnaturopathicfederation.org%5Cfull-members-the-only-voting-members)

\_\_\_\_\_ recommends the highest in naturopathic educational standards available in your country. [*See the membership criteria.*](file:///C%3A%5CUsers%5CUser%5CDownloads%5Cworldnaturopathicfederation.org%5Cfull-members-the-only-voting-members)

\_\_\_\_\_ is not subject to, or controlled by, any office or agency of government.

\_\_\_\_\_ has a commitment to levels of training commensurate with delivery of primary care service in their country.

\_\_\_\_\_ has a commitment to achieving statutory licensure or regulation in their country.

**Membership fees:**

If number of naturopaths/naturopathic doctors is 40 or less, dues are USD $120

For larger associations, \_\_\_\_number of members X USD $3.00 = US$ \_\_\_\_\_
Maximum USD $5,000

**Payment Method:**

Please check the method of payment you wish to use:

\_\_\_\_\_\_ PayPal: An email request will be sent to you upon receipt of this application.

\_\_\_\_\_\_ Bank/Wire Transfer: A document will be sent to you with the details.

\_\_\_\_\_\_ Cheque: Please make payable to World Naturopathic Federation

Membership with the WNF renews automatically every year in March, until your organization suspends membership with the WNF. This can be done at any time without reason for cancellation.

**Please provide the WNF with the following information:**

a) A copy of the Association’s/Federation’s Constitution and/or Bylaws.

b) The WNF, pursuant to Section 43 of its Bylaws, is divided into the world regions of Africa, Asia, Eastern Mediterranean, Europe, Latin America, North America and Pacific. Please indicate the region for your country.

Notifies the WNF that the Association/Federation wishes to be placed in the world region of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) How many naturopaths/naturopathic doctors are in your country that are not part of your national association/federation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

On behalf of the Association/Federation, I hereby acknowledge that we meet the Membership Criteria as a Full Member of the World Naturopathic Federation. I further declare that the Association/Federation represents the majority of naturopaths/naturopathic doctors in the country.

**Dated at**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

**Signature**:

**Signed for and on behalf of the Association/Federation by**:

Please **print** name and title