The World Naturopathic Federation welcomes individuals, naturopaths, naturopathic doctors and naturopathic clinics that support the Mission of the WNF.

**NAME of COUNTRY:**

(in English)

**NAME of Individual / Clinic:**

(in English)

**Contact Information:**

Telephone: Country Code: Area Code: Number:

Email: Website (if a clinic):

□ Please verify that you have read the [WNF Mission Statement](https://worldnaturopathicfederation.org/mission-of-the-wnf/) and that you are in agreement.

□ Please verify that you have read the criteria and benefits for WNF Supporters and that you are in agreement.

□ Please indicate that you approve your name being listed on the WNF website

 If yes, please specify how you would like the listing to appear:

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**Payment Amount** (please select)**:**

\_\_\_\_\_\_ USD$1,000 \_\_\_\_\_\_ USD$500

\_\_\_\_\_\_ USD$250 \_\_\_\_\_\_ USD$100

\_\_\_\_\_\_ USD$50 \_\_\_\_\_\_ USD$25

\_\_\_\_\_\_ Other amount

*Upon receipt of your application, we will send you an invoice.*

**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*.

\_\_\_\_\_ Cheque:

Please make cheque payable to *World Naturopathic Federation*

Mail cheque to:
*World Naturopathic Federation*

20 Holly Street, Ste 200

Toronto, Ontario, Canada M4S 3B1

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

**Signature**:

Organizations with a consumer interest (i.e., selling products) must apply as a Corporate Sponsor and meet the Corporate Sponsorship criteria. Educational institutions must apply as an Educational Member and meet the Educational Membership criteria. WNF supporters have no influence on the decisions, initiatives or direction of the WNF. Their support is solely based on supporting the goals as defined by WNF members and we welcome their support.