**NAME of COUNTRY:**

In your language:

In English:

**NAME of Association / Organization:**

In your language:

In English:

**Association / Organization Address:**

Street:

City:

State/Province/Canton:

Zip:

Country:

Telephone: Country Code: Area Code: Number:

Fax:

Email:

Website:

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Organization) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

wishes to join the World Naturopathic Federation (WNF) as an Associate Member.

1. Please check the following and confirm that your organization:

□ has read and agrees with the Mission Statement of the WNF

□ is a legally constituted non-profit naturopathic association or organization that represents
the naturopathic profession.

**Membership Fees**

□ If number of naturopaths/naturopathic doctors is 50 or less, dues are USD $100.

□ For larger associations, \_\_\_\_number of members X USD $2.00 = USD$ \_\_\_\_\_
 Maximum USD $2,500

**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.

On behalf of the Association / Organization, I hereby acknowledge that we meet the membership criteria for an Associate Member of the World Naturopathic Federation.

Datedthis \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

Signature:

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

Please print name and title