

# The Natural Therapies Association of North America



## APPLICATION FOR RENEWAL OF MEMBERSHIP

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

Name of Member:

Date:

Current address:

City:

State/Province:

Postal Code:

Gender:  M  F

Email:

Web Address:

Daytime Phone:

Evening Phone:

Fax:

Cell Phone:

Highest Degree Obtained:

### OCCUPATION INFORMATION

**LIST YOUR PRIMARY PROFESSION:**

(Check one) I am:  Licensed  Certified  Both Licensed and Certified  Neither Licensed nor Certified

**Please list all current healthcare and spiritual healing licenses and certifications:**

**Please list the healing techniques and modalities you currently use:**

Please check the Membership Classification requested:

- Professional Member: \$ 235.00 USD or CAD**
- Insurance Member: \$ 160.00 USD or CAD**
- Internet Member: \$ 75.00 USD or CAD**
- Associate Member: \$45.00 USD or CAD**

**I agree to the Terms of Membership.**

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Signature and date

Fax to: 888-642-9992, mail attachment to: info@ntana.com or mail to: NTANA, 361 So Camino Del Rio #102 Durango, CO 81303-7997 - Enclose check or money order.  Check here if you paid online by credit card.