



Canadian Herbalist's Association of BC

c/o Innisfree Farm
3636 Trent Road
Courtenay, BC V9N 9R4

www.chaofbc.ca

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____ Website: _____

Are you a Canadian Citizen: Yes _____ No _____ If not, nationality: _____

Associate Membership Application	Unit Price	Amount
New Associate Membership	\$30.00	\$30.00
One time administration fee (non-refundable)	\$5.00	\$5.00
If submitting the application by email (payment via PayPal) – \$5.00 discount	- \$5.00	
If student, subtract student discount. Please enter expected graduation date: _____	-\$30.00	
(* Please add Directory Listing to my membership	\$70.00	
(* Please add a promotional web-page to my membership	\$100.00	
(* Please add to my membership the option to post my events or announcements on the CHA of BC newsletter and/or website.	\$100.00	
Please accept my donation: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$_____		
<input type="checkbox"/> to help support our CCHA representatives		
<input type="checkbox"/> to help support our CHA of BC website maintenance & enhancements		
<input type="checkbox"/> to be used by the CHA of BC where it is best needed.		
(*) only available to applicants who are herbalists working in a herbal related field (not students). Please refer to advertisement guidelines and term & conditions posted on the website.	Subtotal	
	HST	0
	TOTAL	

Your application for Associate membership should contain the following:

- This page filled out.
- If a student, the student session filled out.
- If a herbalist applying for directory listing, promotional web-page, and/or event postings, please include: (1) letter briefly explaining your objectives as a Herbalist. (2) fill the appropriate sections in this application.

Submitting application & payment:

- By regular mail:** mail application with your cheque or money order payable to CHA of BC to address shown on the top. If you would like to pay via PayPal, please indicate the email address to which the PayPal invoice should be emailed to: _____
- By email:** receive \$5.00 discount; email the full application application@chaofbc.ca. Please indicate the email address to which the PayPal invoice should be emailed to: _____

Note: for membership questions or inquiries, please use membership@chaofbc.ca (not application@chaofbc.ca)

STUDENT APPLICANT

Institution you are currently attending: _____

Field of training: _____

Expected/estimated date of graduation/completion: _____

If student in the healing arts (check all applicable boxes):

- Clinical Herbalist Phytotherapist Master Herbalist Chartered Herbalist
 Aromatherapist Phytoterapist Homeopathy Counseling Nursing
 Other training (specified): _____

Does your training include a clinical practicum? Yes No – Total hours at the end of Program _____

Are you taking (or have taken) any mentorship/apprentice program? Yes No – Total est. Hrs _____

Is this a correspondence training? Yes No – Total est. Credit Hrs _____

Is this a classroom Program? Yes No – Total estimated Credit Hrs _____

HERBALIST APPLICANT

(Fill this section if applying for Directory Listing, Promotional Web-page, and/or ability to post events on the Association’s website and/or newsletter)

Your herbal background:

- Retired Herbalist Herbal Educator Herbal Remedies Manufacture Herbal Consultant
 Herb Farmer Herb researcher Other: _____

Please indicate your training in the Herbal and Health filelds:

- Western Herbalism: Clinical Herbalist Phytotherapist Master Herbalist Chartered Herbalist
 Other modalities: Aromatherapist Flower Essences Homeopathy Ayurveda TCM
 Others (specified): _____

Does your background include any clinical experience? Yes ____ No ____

Diplomas and Certificates in the Herbal or Health Field

Institution (university/College, apprenticeship)	Length of the Program (Weeks, Months, or years)	In Classroom, Correspondence	Graduation Date (yyyy-mm)	Type of diploma or certificate (i.e. Clinical Herbalist, Charter herbalist, Aromatherapist, Homeopathic Therapist, etc.)

DETAILED HISTORY OF YOUR HERBAL and other HEALTH EDUCATION

(Fill this section the best of your abilities if applying for Directory Listing, Promotional Web-page, and/or ability to post events on the Association's website and/or newsletter)

Name of Course/training (add to the list below as needed)	Name of Institution Private training (name of Institution or instructor) Apprentice Self-study	Location (City, Province/State, Country)	Duration (in hours) - Total Hours, or - Hours/day - # of days, or - Hours/week - # of weeks - Hours/month, # months	Completion Date (yyyy-mm)
Biochemistry				
Histology				
Microbiology				
Anatomy				
Physiology				
Embryology				
Pathophysiology or pathology				
Oncology				
Midwifery				
Dermatology				
Pharmacognosy				
Pharmacokinetics				
Pharmacology				
Materia Medica				
Herbal Therapeutics				
Nutrition				
Herbal pharmacy (remedy making)				
Remedy formulation and dispensing				
Consultation skills				
Psychology				
Psychotherapy and counseling				
Clinical assessment				
Differential assessment				
Diagnostic tests				
Stress management				
Pediatrics				

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Gynecology				
Geriatrics				
History and Philosophy of Western Herbal Medicine				
Botany, Plant Chemistry				
Horticulture and gardening				
Environment and Conservation				
Adjunct therapies:				
Aromatherapy				
Bach Flower Essences				
Oriental medicine				
Homeopathic medicine				
Ayurveda medicine				
Reflexology				
Reiki				
Acupressure				
Acupuncture				
Massage Therapy				
Chiropractic				
CranioSacral therapy				
Hypnotherapy				
Iridology				
Hydrotherapy				
Orthomolecular				
Therapeutic Touch				
Touch for Health				
Healing Touch				
Biofeedback				

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Print/photocopy additional pages if needed.

I confirm that the information above is correct _____ Date _____
Applicant's Signature