

Canadian Herbalist's Association of British Columbia

Associate Membership Application Form



Associate Membership: \$30.00 a year.

Check if Student.

If working in the herbal field, following options are available:

Associate Membership with Directory listing: \$50 (starting June 2011, fee will be \$100.00).

Associate Membership with Directory listing and a Promotional web-page: \$150.00 (starting June 2011, fee will be \$200.00).

Associate Membership with Directory listing, a Promotional web-page, and posting of personal herbal events on the "event & news" page: \$200.00 (starting June 2011, fee will be \$250.00).

Name of Applicant: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____

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

Your application for Associate membership should contain the following:

- This application filled out.
- If student or if working in a herbal related field and applying for directory listing, promotional web-page, herbal event postings, please include:
 - Letter briefly explaining your objectives as an Herbalist.
 - Fill the “*Diplomas and Certificates in the Herbal or Health Field*” and “*Herbal and Health Education History*” tables on the last page of this application.
- A cheque or money order (payable to the Canadian Herbalist's Association of B.C. or CHA of BC) for corresponding membership fee.
The CHA of BC also accept payment via PayPal (this includes credit card payments). To pay using this option, please check the appropriate box below.
- I would like to make a donation toward supporting the CCHA Representatives expenses:
 \$25.00 \$50.00 \$75.00 \$100.00 Other \$ _____

Mail application with payment to:

Canadian Herbalist's Association of B.C
2424 Beach Dr.
Victoria, BC V8R 6K1

Website: www.chaofbc.ca
E-mail: rhp@chaofbc.ca

Note: To pay using PayPal (including credit cards), check box below and write your email address:

Please email PayPal invoice to **email:** _____

IF STUDENT APPLICANT

Institution you are currently attending: _____

Herbal and Healing Art training currently taking (check all applicable boxes):

- Herbalism: Consultant ____ Chartered Herbalist ____ Clinical Herbalist ____ Other: _____
- Aromatherapist Phytotherapist Homeopathy Counseling Nurse
- Other training (specified): _____

Does your training include a clinical practicum? Yes ____ No ____ Total Hrs 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 est. Credit Hrs _____

State estimated date of completion/graduation: _____

List certificates already obtained and course/training already completed on the last page of this application.

IF WORKING in a HERBAL RELATED FIELD

Your herbal background:

- Retired Herbalist Professionally in a herbal related field.

If professionally in a herbal related field, please indicate:

- Herbal Educator Herbal Remedies Manufacture Herbal Consultant Herbal Farmer
- Other (specified): _____

Please indicate your training in the herbal and healing art training (check all applicable boxes):

- Herbal Consultant Chartered Herbalist Clinical Herbalist Master Herbalist
- Ayurveda Aromatherapist Phytotherapist Homeopathy TCM
- Others (specified): _____

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

List certificates and course/training in the herbal and health field on the last page of this application.

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

