

# Canadian Herbalist's Association of British Columbia



## Professional Membership Application Form For Herbal Advocate (HA)

Applicant's picture

### Membership Fee = \$90.00

- A one time administration fee of \$40.00 (non-refundable).
- Yearly membership fee = \$50.00 (starting June 2011, yearly membership fee will be \$100.00).

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 professional membership should contain the following:

1. Letter briefly explaining your objectives as a Herbal Advocate.
2. This application filled out.
3. History of your professional herbal experience.
4. History of your herbal education and other health education (i.e. official letter from institution describing program/courses, official transcript from institution, form provided in the last page of this application).
5. Copies of Herbal Diploma(s), degree(s) or certificate(s).
6. Your resume.
7. If you are a practicing herbal therapist, then two letters of recommendation from herbal therapists either currently practicing or retired. Other applicants, two letters of recommendations from fellow professional herbalists (manufacturer, educator, herbal consultant, etc.).
8. Two passport photos.
9. A \$90.00 cheque or money order (payable to the Canadian Herbalist's Association of B.C. or CHA of BC). 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.
10. 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.  
TVictoria, BC V8R 6K1

Website: [www.chaofbc.ca](http://www.chaofbc.ca)  
E-mail: [rhp@chaofbc.ca](mailto: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: \_\_\_\_\_



## **PROFESSIONAL EXPERIENCE**

Your herbal background:

- Herbal Educator    Herbal Consultant    Herbal Farmer    Herbal Remedies Manufacture  
 Retired Herbalist    Herbal Therapist    Other (specified): \_\_\_\_\_

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

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

If your experience includes Herbal Therapist, are you currently practicing? Yes \_\_\_\_ No \_\_\_\_

If yes, how long have you been in active herbal practice? \_\_\_\_\_

- a) Full time \_\_\_\_\_ Part time \_\_\_\_\_  
b) From an office \_\_\_\_\_ From home \_\_\_\_\_  
c) How many patients do you see per week? \_\_\_\_\_

Approximately, how many herbs are you familiar with and feel qualified using/recommending in your practice:

1 to 25 \_\_\_\_ 26 to 50 \_\_\_\_ 51 to 75 \_\_\_\_ 76 to 100 \_\_\_\_ over 100 \_\_\_\_

Herbal recommendations and herbal remedies experience:

- a) Existing 3<sup>rd</sup> party herbal products? Yes \_\_\_\_ No \_\_\_\_  
b) Formulation of herbal remedies: Yes \_\_\_\_ No \_\_\_\_  
c) Preparation of herbal remedies? Yes \_\_\_\_ No \_\_\_\_

If YES to (b) or (c), please indicate:

teas \_\_\_\_ tinctures \_\_\_\_ salves \_\_\_\_ infused oils \_\_\_\_ mouthwash/gargles \_\_\_\_ capsules \_\_\_\_ lozenges \_\_\_\_  
others: \_\_\_\_\_

Are you licensed to practice any other healing arts? Yes \_\_\_\_ No \_\_\_\_ If yes, which ones: \_\_\_\_\_  
\_\_\_\_\_

## **MISCELLANEOUS**

Have you ever been prosecuted for any illegal act? Yes \_\_\_\_ No \_\_\_\_ If yes, give detail: \_\_\_\_\_  
\_\_\_\_\_

If so when, where and what was the nature of the charge? \_\_\_\_\_  
\_\_\_\_\_

What judgment was assessed against you? \_\_\_\_\_  
\_\_\_\_\_

**I confirm that the information above is correct** \_\_\_\_\_

Applicant's Signature

Date

