Canadian Association of Medical Herbalists

668 Silver Star Blvd. Unit 212, Phone: (416) 273-4551, Fax: (416) 273-4751
Website: www.canadianherbalists.org, Email: info@canadianherbalists.org

Membership Application

Contact Information:

First Name | Last Name | Date of Birth

Home Address

Home Phone #: | Fax #:

Cell Phone #: | Email:

Business Name:

Business Addrress:

Business Phone #: | Business Fax #

Business website: | Business Email

Professional Educations:

mm / yyyy	to	mm / yyyy	Name of College/University	Diploma/Certificate
	to			
	to			

Professional Practice:

mm / yyyy	to	mm / yyyy	Name of Employer	Job Title
	to			
	to			

Your Current Professional Certificate/License/Membership:

mm / yyyy	to	mm / yyyy	Name of certificates, licenses and other associasions membership
	to		
	to		
	to		

Check List for the Application:

- ☐ The completed Memebrship Application form
- ☐ Photocopies of your diplomas/certificates, or professional licenses, etc.
- ☐ One recent passport-size photo
- ☐ Membership evaluation and registration fee payable to CAMH

Name Print: _____

Signature: _____ Date: _____

SUBMIT RESET

Office Use Only