



National Certification Board for Natural Therapies

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Website: www.ncbnt.org, Email: office@ncbnt.org

MEMBERSHIP ANNUAL RENEWAL FORM

First Name _____ Last Name _____

Membership #: _____ Holistic Lic. #: _____

DID YOU CHANGE YOUR MAILING ADDRESS ?

Yes No

Update Your Mailing Address _____

Update Home Phone # _____ Cell Phone # _____

DID YOU TAKE ANY CONTINUE EDUCATION IN THE PAST YEAR?

Yes No

Name of Teacher/Trainer _____ From _____ / _____ / _____ To _____ / _____ / _____

Treatment Modalities Studied (Check one or more)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Manual Therapy | <input type="checkbox"/> Osteopathy | <input type="checkbox"/> Skin Care |
| <input type="checkbox"/> Reflexology | <input type="checkbox"/> Shiatsu | <input type="checkbox"/> Nails Beauty |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Esthetics & Spa Practice |
| <input type="checkbox"/> Holistic By-laws | <input type="checkbox"/> Others _____ | |

DID YOU HAVE PROFESSIONAL MISCONDUCT/CRIMINAL RECORDS LAST YEAR ?

Yes No

If Yes, give the details _____

I certify that the facts stated above are true and correct to the best of my knowledge and belief, and promise to be aware of, and abide by the rules and code of ethics of the association and all provincial/local laws regarding the holistic license.

MEMEBR'S SIGNATURE _____ DATE : _____