



MANITOBA HOMEOPATHIC ASSOCIATION

(MANITOBA SOCIETY OF HOMEOPATHIC PHYSICIANS)

2017 Professional Membership Application

PERSONAL INFORMATION

LEGAL NAME: _____

Last Name

First

Middle

Other names, different from legal name (Alias, AKA): _____

PLACE - DATE OF BIRTH (Day, Month, Year): _____ / _____ / _____

CONTACT INFORMATION

WORK ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ TEL _____

HOME ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ TEL _____

OTHER

CELL: _____ FAX: _____

EMAIL: _____ WEB PAGE: _____

EDUCATION HISTORY:

YEARS:	DEGREE/DIPLOMA/CERTIFICATE

Please attach

- Resume
- Proof of Canadian Citizenship or Landed Immigrant Status
- Proof of Standard First Aid / CPR C certification
- Proof of Criminal Record Check with a Vulnerable Sector Check
- Proof of Child Abuse Registry
- 2 References
- Copies of Education History
- \$50 (CDN) Non-refundable application fee. (Cheque to Manitoba Homeopathic Association)

Note: All application packages will be reviewed once all above has been submitted.

more.info@homeopathymanitoba.ca

Address: 554 Des Meurons Street, Winnipeg, MB, R2H 2P8

I, declare that all this information is true and correct. I understand that any omission or false information may cause denial of my application.

Signature:

Date:

() Yes, I want that my professional information posted in the web site of the Association in the area of members.

FOR INTERNAL USE (_____)

COMMENTS	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Upgrade Required	Registration No: