



**MANITOBA HOMEOPATHIC ASSOCIATION**  
(MANITOBA SOCIETY OF HOMEOPATHIC PHYSICIANS)

**2017 Student 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 enrolment/student registration
- \$25 (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](mailto: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:

FOR INTERNAL USE ( \_\_\_\_\_ )

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