



# MANITOBA HOMEOPATHIC ASSOCIATION



## 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

[www.homeopathymanitoba.ca](http://www.homeopathymanitoba.ca) - [more.info@homeopathymanitoba.ca](mailto:more.info@homeopathymanitoba.ca)

Unit A – 554 Des Meurons Street, Winnipeg, MB, R2H 2P8



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**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 or you can use e-transfer to [more.info@homeopathymanitoba.ca](mailto:more.info@homeopathymanitoba.ca))

**Note:** All application packages will be reviewed once all above has been submitted by email [more.info@homeopathymanitoba.ca](mailto:more.info@homeopathymanitoba.ca)

Or mail to: Unit A-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:

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