



Membership Application

Pennsylvania Traditional Naturopaths Association

828 Long Meadow Drive Chalfont, PA 18914

Your Name

Name of Business or Employer (if applicable)

Mailing address

City State Zip Code

Phone- Office/ Cell/ Fax

E-Mail/ Web-Site

1. Are you willing to serve on the Board of Directors? ___ yes ___ no

2. Are you willing to serve on a committee? ___ yes ___ no

Signature _____ **Date** _____

PATNA Annual Membership Levels:

Traditional Naturopath: **\$150.00** for the year or **\$75.00** semi-annual

(this permits the N.D. to vote for BOD members as per by-laws.) \$ _____

Renewal of membership is **\$100/year** **-(Proof of credentials required w/application)**

Student N.D. **\$75.00** for the year or **\$37.50** semi-annual (this level is for the

person who has not completed their N.D. and wants to help, no voting

privileges are extended until proof of N.D. completion is verified.) \$ _____

Other Natural Health Practitioners **\$100.00** for the year \$ _____

What is your profession: _____

Friends/ Supporters of Holistic Health **\$25.00** for the year \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

Dues/Contributions may be paid by Check, Cash or Money Order

Mail completed form with annual dues or contribution to:

PATNA

828 Long Meadow Drive.

Chalfont, PA 18914