

APPLICATION FOR PROFESSIONAL MEMBERSHIP IN THE  
**CALIFORNIA NATUROPATHIC ASSOCIATION**



**28562 Oso Pkwy Ste.D #227**  
**Rancho Santa Margarita Ca. 92688**  
**[www.californianaturopaths.com](http://www.californianaturopaths.com)**

**Working for Ethical, Professional, and Legal Acceptance of the Traditional Naturopathic Practice in the State of California**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

OFFICE /Business Name and or  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

BUSINESS PHONE: ( ) \_\_\_\_\_

DATE ENTERED PRACTICE: \_\_\_\_\_

AVERAGE CLIENT CONTACT HOURS PER WEEK: \_\_\_\_\_

Website: \_\_\_\_\_

**If a significant portion of your practice involves lecturing, teaching or publishing literature or books, please attach a description of your work.**

EDUCATION: if additional space is required please follow the format on a separate page. ENCLOSE CURRICULUM TRANSCRIPTS, RESUME OR COPIES OF DIPLOMAS OR CERTIFICATES AND SIGNED MISSION STATEMENT AND CNA MEMBERSHIP AGREEMENT DOCUMENT.

RESIDENT COLLEGE/UNIVERSITY:

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FROM \_\_\_\_\_ TO \_\_\_\_\_ DEGREE:

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COLLEGE/UNIVERSITY:

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FROM \_\_\_\_\_ TO \_\_\_\_\_ DEGREE:

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NATUROPATHIC OR OTHER ALLIED HEALTH COLLEGE:

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FROM \_\_\_\_\_ TO \_\_\_\_\_ DIPLOMA/CERTIFICATION:

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APPRENTICESHIP/INTERNSHIP:

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FROM \_\_\_\_\_ TO \_\_\_\_\_ DIPLOMA/CERTIFICATION:

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CLINICAL EXPERIENCE:

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FROM \_\_\_\_\_ TO \_\_\_\_\_

PROFESSIONAL ASSOCIATION AFFILIATIONS:

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PLEASE SCAN AND SEND A COPY ALL EDUCATIONAL DOCUMENTS, DIPLOMAS AND CERTIFICATES IN THE HEALTH CARE FIELD EVEN THOSE OUTSIDE OF THE NATUROPATHIC FIELD.

Checklist for membership. ALL ITEMS MUST BE CHECKMARKED AND INFORMATION PROVIDED PRIOR TO SENDING. If your application is found to be incomplete you may be subject to a fee for resubmission.

1. Attachment of all relevant educational documentation.

2. Membership agreement signed and dated.

3. Agreement to abide by the By Laws Articles of Incorporation of the CNA signed and dated.

4. Scope of Practice agreement for California Naturopathic Practice by the CNA signed and dated.

5. Code of ethics for the CNA signed and dated.

5. Photo copy of Drivers license or Valid California Identification.

6. Payment for membership either Student, Supportive or Professional Membership mailed to CNA.

**Membership and Fees: Please check ONLY THE ONE THAT APPLIES.**

Professional Practitioner \$150 (Those using titles Naturopath, Traditional Naturopath or Naturopathic Practitioner)

Student \$75 (A student actively enrolled in a school that teaches Traditional Naturopathy)

Supporting members \$50 (A person interested and wishing to support Naturopathy such as clients)

Contributing member \$75 (Businesses or corporations that believe in or wish to support Naturopathy)

Please mail membership application and check made payable to

California Naturopathic Association.

28562 Oso Pkwy Ste. D #227

Rancho Santa Margarita Ca. 92688

Signature: \_\_\_\_\_

Date: \_\_\_\_\_