

The Academy of Holistic Health

Date: _____

Full Name: _____

Address: _____

Country: _____

Citizenship: _____

Phone: _____

Cell phone: _____

Profession: _____

Business/Company: _____

Website: _____

Email: _____

Degree level: _____

Credentials: _____

Schools Attended: _____

Work Experience: _____

Membership type (please select one):

Associate membership (Associate AHH) \$75.00

Certified Nutrition Consultant (CNC) \$110.00

Certified Holistic Nutritionist (CHN) \$150.00

I am willing to receive referrals: Yes No

I am interested in working for Holistic Vision Canada as an advocate: _____

I would like to do grocery store tours in my area: Yes No

Cities or areas in which you would be willing to take referrals or offer tours: _____

Do you carry insurance, or would you like to receive insurance from our provider : _____

Please mail application with the following:

- Payment: check money order online payment
- One letter of reference
- Formal letter by applicant detailing request for acceptance
- Copy of most recent diploma
- Copy of Driver's license or photo ID

Mail or email to: The Academy of Holistic Health

Pay to the order of Holistic Vision Canada

P.O. Box 3366

Mission, B.C. Canada V2V 4J5

1.888.399.3210 1.604.287.2252

mail@academyofholistichealth.org