



Thank you for your interest in becoming a professional member of the Ontario Herbalists Association.

Please complete all of the following information. A non-refundable processing fee of \$25.00* is required at the time of application.

Make your cheque or money order payable to: **The Ontario Herbalists Association**, and mail it together with your completed application to: P.O. Box 123, Station D, Etobicoke, Ontario M9A 4X2

Name: _____

Business Address: _____
(Street)

(City) (Postal Code)

Business Telephone: _____

Business Fax: _____

Business email: _____

Mailing address if different than above:

(Street)

(City) (Postal Code)

_____ I would prefer that you not list my business contact information on the OHA web site, and in the Canadian Journal or Herbalism (Please specify what you would like to appear).

Your primary discipline is: _____ Herbalist
_____ Naturopath
_____ Medical Physician
_____ Homeopath
_____ Other (Please specify) _____

Category of discipline is: _____ Western
_____ Chinese
_____ Traditional Aboriginal/Native American
_____ Ayurvedic
_____ Other (please specify) _____

What percentage of your practise is herbal based:

___ 0 to 25% ___ 25 to 50% ___ 50 to 75% ___ 75 to 99% ___ 100%

Give details of experience and education (Please include a copy of all certificates and transcripts, which may help us in evaluating your eligibility):

PLEASE NOTE: The Ontario Herbalists Association evaluates each case individually. **The decision of the Board is final.**

Have you been convicted of, or charged with any by-law infractions, or do you have any convictions or pending criminal / civil litigation relating to your business, or operation as a holistic practitioner? Yes No

If yes, please specify: _____

If accepted as a Registered Herbalist in the Ontario Herbalists Association, I agree to the following conditions of membership:

1. to abide by the Ontario Herbalists Association Professional Code of Ethics;
2. to abide by the Ontario Herbalists Association Professional Code of Practise;
3. to post at all times and in full view of my clients the Professional Code of Ethics and Professional Code of Practice;
4. to pay annual membership dues in full as required.

Note: The current annual professional dues are \$225.00 +\$29.25 HST = \$254.25*

I understand that failing to abide by the conditions of membership may render me liable to disciplinary action which may result in loss of the privileges and benefits of my Professional membership in the Ontario Herbalists Association.

I certify that I have read the Professional Code of Ethics, and the Professional Code of Practice.

THE ONTARIO HERBALISTS ASSOCIATION ASSUMES NO RESPONSIBILITY FOR ANY HEALTH CARE SERVICE OR ADVICE GIVEN BY IT'S PROFESSIONAL MEMBERS. BEING ACCEPTED AS A PROFESSIONAL MEMBER DOES NOT GUARANTEE AN ABILITY TO PRACTICE HERBAL MEDICINE.

By signing this form, I consent to my personal information being gathered for OHA documents only, and for the purpose of member activities and communications. My information will not be used for other purposes, nor released to any outside party without my express written consent.

SIGNATURE _____

DATE: _____

*All fees are subject to change. Membership fees renew April 1st of each year.