

**SASKACHEWAN ASSOCIATION OF
DOCTORS OF NATURAL MEDICINE (SADNM)
MEMBERSHIP APPLICATION FORM**

PLEASE PRINT

Paste below Recent Pass Port Size Photo

Personal Information

Name in Full: _____

Sex: Male or Female, Marital Status: M, S, CL, and D, W

Permanent Address: _____

City/Town/Village: _____

Province: _____, Postal Code: _____

Status in Canada: Permanent Resident/Citizen

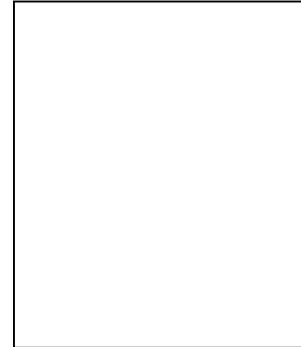
Place of Birth: City _____ Country _____

Date of Birth: Day Month Year SIN Number (Optional): _____

Office Address: _____ City: _____ Postal Code: _____

Phone: Home: _____ Office: _____ Cell: _____

Web Site: _____ Email: _____



Educational Qualifications: (Pl. indicate Class room and/or Correspondence)

| Number | (College, University, High School) | Date Y / M Graduated | Subjects/Courses | Diploma/Degree |
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Professional Qualifications: Natural Medicine (Pl. Indicate Class room and/Correspondence)

| Number | School, College, University, Institute | Date Graduated Y/M | Subjects/Courses | Certificate, Diploma and Degree |
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Please add more education on separate paper.

Clinical/Externship/Internship Training:

| Number | Where? with Complete address of the Clinic | Dates Y/M | Hours | Full Name of the Perceptor(s) |
|--------|--|-----------|-------|-------------------------------|
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Previous Experience in Natural and Alternative Medicine:

| Number | Where did you practice? City/Province/Country | Dates Y/M | Hours/day/yr | Address/ Phone of the contact person |
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Seminars, Lectures and Conferences Presented:

| Number | Date, Place, Address | Topic |
|--------|----------------------|-------|
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Seminars, Lectures and Conferences Attended:

| Number | Date, Place, Address | Topic |
|--------|----------------------|-------|
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List Awards:

| Number | Names of the Awards | Date awarded | Reason for the Award |
|--------|---------------------|--------------|----------------------|
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Books Published:

| Number | Names of the Books | Date Published | Number of Pages | Publisher |
|--------|--------------------|----------------|-----------------|-----------|
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Articles/ Research Papers Published:

| Names of the Articles | Name of the Publication; Date/Year/ Month Published, Vol./No etc. |
|-----------------------|---|
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List membership in various organizations:

| Number | Name of the organization and Address | Member since how long | Your Position |
|--------|--------------------------------------|-----------------------|---------------|
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CPR "C" Training: YES NO - If No please complete it or recertify before the membership award. If Yes please attach a copy of a latest certificate.

Why do you want to join the Association? Your purpose and goals in life: Write in brief below:

Note: Please submit the copies of all the relevant educational and professional qualifications and clinical training certificates. Application will not be considered without them. However, original certificates will be required at the time of interview.

I _____ hereby attest that the above information is true to my knowledge. I understand that false and misrepresentation will not make me eligible for a membership.

Date: _____ Day _____ Month _____ Year _____

Signature: _____