



# The California Naturopathic Doctors Association

600 S. Lake Ave, Suite 308, Pasadena, CA 91106 ♦ (626) 793-0140 ♦ Fax (815) 550-2411

## Application for Membership 2010

Please see reverse side of this form for membership categories and requirements. Please indicate application category:

Regular \_\_\_ Limited Membership: Student \_\_\_ Out-of-State \_\_\_ Retired/Inactive ND \_\_\_

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred mailing address: \_\_\_ Office \_\_\_ Home

Naturopathic Medical School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Grad Year \_\_\_\_\_

Other Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Grad Year \_\_\_\_\_

Other Training in Naturopathic Medicine, i.e. residences, internships (area of specialty, institution and dates/length of training):  
\_\_\_\_\_

Other Active Professional Licenses/Certifications: \_\_\_\_\_

States/Provinces in which you are currently licensed to practice naturopathic medicine or have a past/inactive license:

State/Province CA License # \_\_\_\_\_ Year Licensed \_\_\_\_\_ License Active? (Y/N)

State/Province \_\_\_ License # \_\_\_\_\_ Year Licensed \_\_\_\_\_ License Active? (Y/N)

State/Province \_\_\_ License # \_\_\_\_\_ Year Licensed \_\_\_\_\_ License Active? (Y/N)

Professional References: (only required for regular applicants.)

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ City/St: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_ City/St: \_\_\_\_\_ Phone: \_\_\_\_\_

If accepted for regular membership in the CNDA, I agree to abide by its policies and by-laws, follow its code of ethics, and uphold the highest standards of naturopathic practice and to read and abide by **our Standards of Practice** which shall be available to me following my acceptance as a member

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

Fax this application to (815)550-2411 or mail with payment form to: CNDA, 600 S. Lake Ave #308, Pasadena, CA 91106

# California Naturopathic Doctors Association- Membership and Dues Policies 2010

The CNDA is a membership organization affiliated with the American Association of Naturopathic Physicians (AANP). As such, we are a professional organization of California naturopathic doctors whose primary purposes are to promote the philosophy and art of naturopathic medicine, to pursue the recognition of naturopathic medicine by the State of California, and to develop and promote the standards of the naturopathic profession.

## Eligibility

### Regular Membership: (Full voting rights and membership benefits.)

Regular Members are those who hold a doctorate degree from a naturopathic medical school recognized by the Association of Accredited Naturopathic Medical Colleges (AANMC). Regular members must also be current residents of California and hold an active ND license in California. Regular Members must also agree to abide by the CNDA bylaws, code of ethics, and standards of practice.

Current naturopathic colleges recognized by AANMC include Bastyr University, National College of Naturopathic Medicine (NCNM), Southwest College of Naturopathic Medicine (SCNM), University of Bridgeport (UBCNM), National University of Health Sciences (NUHS), Boucher Institute (BINM), and the Canadian College of Naturopathic Medicine (CCNM). **No** correspondence programs in naturopathy are acceptable by the CNDA and cannot be used as a basis for membership. The CNDA recognizes the concept of era-appropriate education of naturopathic physicians prior to 1977.

**Limited Memberships:** (Do not have voting rights, but receive most membership benefits including all updates, newsletters and discounts to CE events and other offers to regular members.

### Student Membership:

Students currently enrolled in an accredited naturopathic college listed above are eligible for student membership. A one-time fee of \$50 covers all years in medical school. Upon graduation, student members are encouraged to become regular or out-of-state members of the CNDA.

### Out of State Membership:

Graduates of an accredited naturopathic college listed above who are not California residents are also invited to become members of the CNDA. An additional fee applies to be listed in the 'Outside California' section of the 'Find a Doc' feature on our website.

### Retired/Inactive:

Retired or inactive NDs (meeting same criteria above) are also invited to become members of the CNDA to keep in touch with the profession and stay current on related news and activities.

## Approval Process:

Applications for regular membership are submitted for approval by the Board of Directors at regular monthly board meetings. Upon approval and receipt of dues, new members will be notified by email and receive a new membership package in the mail. Applications for Limited Memberships are reviewed and approved by CNDA administration and do not require board approval. Upon verification and processing, new limited members will receive an email.

## Dues Policies:

The membership year is from February 1st through January 31st. Dues are based on year of graduation and are discounted for the first few years after graduation. See payment form for fees. If a new member joins mid-year, a pro-rated amount will be charged. The member will be expected to renew his or her membership the upcoming year at the regular rate. The due date for annual renewal of membership is February 1st. Membership privileges are suspended if payment is not received within 30 days of the due date. If payment is not received within 90 days of the due date, membership will be terminated. If monthly credit card payments stop or become invalid, membership privileges will be suspended until rectified.



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## 2010 Membership Payment Form

- Renewal**                       **New-Applicant** *(application form required)*

<u>Membership Type</u>	<u>Discounted Annual Rate</u>	<u>Monthly Rate (for 12 mos)</u>
♦ Regular		
Grads prior to 2007.....	<input type="checkbox"/> \$350	<input type="checkbox"/> \$35
2007 Graduates.....	<input type="checkbox"/> \$300	<input type="checkbox"/> \$30
2008 Graduates.....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$20
2009 Graduates.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
♦ Medical Students*.....	<input type="checkbox"/> \$50	n/a
♦ Retired/Inactive NDs.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
♦ Out-of-State NDs.....	<input type="checkbox"/> \$100	<input type="checkbox"/> \$10
Out-of-State NDs w/listing on website...	<input type="checkbox"/> \$200	<input type="checkbox"/> \$20
<b>Additional donation to CNDA.....</b>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
	One-time	Monthly

*\* For students in accredited naturopathic medical colleges - one-time fee good for all student years*

- Check is enclosed**
- Charge my credit card for one-time annual rate or monthly payments as indicated above.**

Visa or MC# \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

*Please mail or fax-in to fax number above (secure).*

**THANK YOU!**