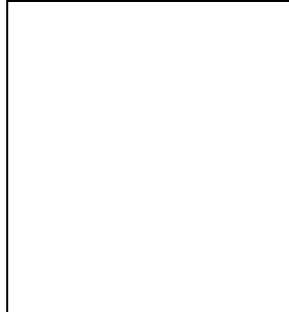


The Ontario Examining Board of Holistic Nutrition

Membership Application Form

www.oebhn.com www.oebhn.ca



Attach picture above

Personal Data

Last Name: _____ First Name _____

Date of Birth _____ Place of Birth: _____

Home Address _____

Clinic Name and Address: _____

Home Phone: _____ Clinic Phone: _____

Cell Phone: _____ Fax: _____

Email: _____ Website: _____

Education

Degree	University/College/Institute	Country	Year obtained

Clinical Experience

Position/Title	Clinic/Institute	Year
Further Comments		

General Declaration

I hereby certify that all statements I have made on this membership form are true and complete to the best of my knowledge and belief. I understand that a false or misleading statement may disqualify me from registration or may be cause for revocation of any membership which may be granted to me.

Applicant signature: _____ Date: _____

Reference Name: _____ Reference Signature: _____

Documentation

Please enclose the following document with your application:

- Two passport size pictures
- Copy of diplomas obtained
- Membership Fee
 - \$500 fee for the first time applicant
 - \$200 fee for each year renewal
- Payment can be made by Visa, MasterCard, Debit, Money order, Cash or Cheque

Mailing Address: The Ontario Examining Board of Holistic Nutrition
13085 Yonge Street, Suite 205
Richmond Hill, Ontario
Canada L4E 3S8

Telephone: 289 234 - 9141 Fax: 289 234 - 5889

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For Office Use Only:
Membership Number:

Date Issued: