

Natural Therapies Association of Europe



APPLICATION FOR MEMBERSHIP

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

Name of Member:		Date:
Current address:		
City:	State/Province:	Postal Code:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Email:	
Web Address:		Daytime Phone:
Evening Phone:	Fax:	Cell Phone:
Highest Degree Obtained:		

OCCUPATION INFORMATION

LIST YOUR PRIMARY PROFESSION:

(Check one) I am: Licensed Certified Both Licensed and Certified Neither Licensed nor Certified

Please list all current healthcare and spiritual healing licenses and certifications:

Please list the healing techniques and modalities you currently use:

Please check the Membership Classification requested:

- INTERNET MEMBER: 65 Euro**
 ASSOCIATE MEMBER: 30 Euro

**Newsletter Members do not file an application form
Please subscribe on our website**

I agree to the Terms of Membership.

Signature and date

Email as an attachment to: info@nteau.com, or Mail it to NTAEU - Irene Fladrich - Schilling,
Schiebsstattstr. 11, 85253 Erdweg-Kleinberghofen, Germany