

# Natural Therapies Association of Europe



## APPLICATION FOR RENEWAL OF 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