

The Natural Therapies Association of North America



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

OCCUPATION INFORMATION

LIST YOUR PRIMARY PROFESSION:

(Check one or two) I am: Licensed Certified N/A Please list all healthcare licenses and certifications:

Please list all healing modalities you are currently using in your practice:

Do you provide any professional services to professional athletes whose total annual income is \$100,000 or greater? Y N
If yes, please explain:

Do you provide any type of youth-focused overnight professional programs such as Outward-Bound, boot camps, etc.? Y N
If yes, please explain:

Do you provide any professional services in or on the premises of any long term care facility? Y N
If yes, please explain:

COVERAGE INFORMATION

If self-employed and Sole Owner and Insured with no professional employees, business name can be included at no additional charge:

Do you need to cover additional professionals (excluding your business name)? Y N If yes, please provide name, address, and relationship of any additional professionals on the form attached:

Additional Professionals refer to third parties with whom you contract to provide services. Additional Professionals are not employees. If you have employees who are providing services to your clients, your membership does not cover them, they will need their own membership to obtain this coverage through the Natural Therapies Association.

Date first licensed/certified/graduated?	Are you required by contract to provide proof of coverage directly to a 3 rd party (certificate holder)? <input type="checkbox"/> Y <input type="checkbox"/> N How many?
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Annual Gross Sales from Natural Therapies Clients: \$

Number of natural therapies clients for annual year:

WARRANTY QUESTIONS

1. There has never been any claim or suit against me pertaining to my practice as a biofeedback practitioner. Agreed []
2. I am not now aware of any circumstances which may result in a claim or suit pertaining to my practice as a biofeedback practitioner. Agreed []
3. I have never been the subject of any disciplinary or investigatory proceeding or reprimand by a licensing, administrative or governmental agency. Agreed []
4. No charge alleging an ethics violation has ever been brought against me. Agreed []
5. I have never been arrested for or charged with any sexual violation. Agreed []
6. My license, registration or certification allowing me to practice biofeedback has never been revoked, suspended, refused, cancelled or voluntarily surrendered. Agreed []
7. My malpractice insurance has never been cancelled or refused and no claims were ever filed against it. Agreed []

If you do not agree with any of these statements listed above, please explain the details and enclose that information with this application.

TERMS OF MEMBERSHIP AGREEMENT

Through the payment of my membership fees, I hereby declare that the preceding statements and particulars contained in this application are true and that I have not suppressed or misstated any material facts and agree that this declaration shall be the basis of the contract between me and the underwriters. I understand the Natural Therapies Association of America may contract with membership benefit organizations to provide some or all of the membership benefits of the Association.

NOTICE OF PRIVACY POLICIES

PURPOSE OF THIS NOTICE

BIOFEEDBACK ASSOCIATION OF NORTH AMERICA - PRIVACY PRACTICES

The Biofeedback Association of North America strives to achieve the highest standards of privacy and integrity of information for every member and applicant. In compliance with Title V of the Gramm-Leach-Bliley Act ("GLBA"), as well as state and provincial laws relating to privacy, and in order to notify our clients of our privacy practices, we are providing you with this document to inform you of our privacy policies and practices. You do not need to call or do anything as a result of this notice. It is meant simply to inform you of how we treat your personal information.

GLBA is a United States law that generally prohibits any financial institution, directly or through its affiliates, from sharing nonpublic personal information about consumers or customers with a nonaffiliated third party unless the institution provides the appropriate consumer or customer with a notice of its privacy policies and practices, such as the type of information that it collects from consumers and customers and the categories of persons or entities to whom the information may be disclosed.

NOTICE: INFORMATION WHICH MAY BE SHARED

We do not disclose any nonpublic personal information about our Clients or former Clients to any third parties, except as required by law. We may share this information outside the company in order to process, complete, or otherwise in connection with, the membership benefits for which the information was provided or as otherwise authorized by our Clients. The law does permit us to share this information with our affiliates. The GLBA and this notice do not affect any rights an individual Client may have under the Fair Credit Reporting Act or comparable Canadian laws.

The Biofeedback Association of North America enters into contracts with membership benefit organizations to provide the benefits of membership in the Natural Therapies Association. These member benefit organizations are bound to the same GLBA privacy standards and comparable standards required by the Canadian government.

Please check the Membership Classification requested:

- Professional Member: \$195.00 US**
- Regular Member: \$160.00 US**
- Associate Member: \$55.00 US**
- Newsletter Member: Free**

I agree to the Terms of Membership.

Signature and date

Fax to: 888-642-9992, mail attachment to: info@ntana.com or mail to: NTANA, 361 So Camino Del Rio #102
Durango, CO 81303-7997 - Enclose check or money order. Check here if you paid online by credit card.