

The Natural Therapies Association of North America



P.O. Box 103 Swannanoa, NC 28778 800-710-1539 ext. 2 www.TNTANA.com TNTANA@gmail.com

MEMBERSHIP APPLICATION FOR TNTANA

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:		
Check here to apply as an Associate Member <input type="checkbox"/> and do not check any of the boxes for Professional Member Class 1, 2, 3 or 4 below.		

OCCUPATION INFORMATION

I am: Licensed Certified N/A Please list all health care licenses and certifications held as well as corresponding numbers:

<input type="checkbox"/> PROFESSIONAL MEMBER CLASS 1: \$200.00 US Primary Profession: _____	<input type="checkbox"/> PROFESSIONAL MEMBER CLASS 3: \$250.00 US Primary Profession: _____
<input type="checkbox"/> PROFESSIONAL MEMBER CLASS 2: \$250.00 US Primary Profession: _____ Secondary Profession: _____	<input type="checkbox"/> PROFESSIONAL MEMBER CLASS 4: \$300.00 US Primary Profession: _____ Secondary Profession: _____

Check all modalities to be covered: Acupressure, Alternative Therapies, Aromatherapy, Biofeedback, Colon Hydrotherapy, Homeopathy, Hypnotism, Naturopathy, Neurotherapy, Nutrition, Reflexology, Shiatsu, Spiritual Healing, Other (List):

Please attach copies of licenses, certificates or other proof for any modalities to be covered.

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 of North America.

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 and health care clients for annual year:

Warranty Questions

Within the last 10 years, have you had any of the following revoked, suspended, refused, cancelled, or voluntarily surrendered?

a) State license, certification, or registration: Y N If yes please explain:

b) Malpractice insurance: Y N If yes, please explain:

Within the last 10 years has a claim or suit for alleged malpractice been brought against you or are you aware of any incident that might reasonably lead to such a claim or suit? Y N If yes please explain:

Have you ever been convicted of a felony or is any such case pending? Y N If yes please explain:

Within the last 10 years have you had any complaints or charges brought against you by any licensing board or professional ethics body? Y N If yes please explain:

**NOTICE OF PRIVACY POLICIES
PURPOSE OF THIS NOTICE**

THE NATURAL THERAPIES ASSOCIATION OF NORTH AMERICA - PRIVACY PRACTICES

TNTANA 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.

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

MEMBERSHIP CLASSIFICATION

- I apply for a Class 4 Professional Membership in the Association for a fee of \$300.00* per year
- I apply for a Class 3 Professional Membership in the Association for a fee of \$250.00* per year
- I apply for a Class 2 Professional Membership in the Association for a fee of \$250.00* per year
- I apply for a Class 1 Professional Membership in the Association for a fee of \$200.00* per year
- I apply for a Class 4 Associate Membership in the Association for a fee of \$125.00* per year
- I apply for a Class 3 Associate Membership in the Association for a fee of \$ 95.00* per year
- I apply for a Class 2 Associate Membership in the Association for a fee of \$ 65.00* per year
- I apply for a Class 1 Associate Membership in the Association for a fee of \$ 45.00* per year * All funds are in U.S. Dollars

Applicants may email their application to TNTANA@gmail.com or mail it to: The Natural Therapies Association of North America, PO Box 103, Swannanoa, NC 28778-0103. Fees may be paid by check or credit card. **Sorry, but we cannot accept American Express.**

Visa, MasterCard or Discovery Credit Card Number: _____ **Credit Card Expiration Date:** _____

Note: All credit cards are handled confidentially by our secure gateway IPX Services, Inc. over their secure servers.

Name as it appears on credit card _____

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 Biofeedback Association of America may contract with membership benefit organizations to provide some or all of the membership benefits of the Association.

Signature: _____