

# Canadian Association for Colon Therapists (C-ACT) Member Application Form

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth: (m/d/yr. \_\_\_\_\_  
Cell Phone: (     ) \_\_\_\_\_ Home Phone: (     ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

- Fill out, sign, date and submit this form to C-ACT via email or mail.
- Include a current CV/Resume if applying as a volunteer (attach to this document)

**Please answer the following questions (check applicable):**

1. Are you currently working as a Colon Therapist Practitioner? YES \_\_\_\_ NO \_\_\_\_  
If YES, how long have you been practitioner? \_\_\_\_\_ (years) \_\_\_\_\_ (months)  
Are you a colon hydrotherapy business owner? YES \_\_\_\_\_ NO \_\_\_\_  
Did you complete a certification program? YES \_\_\_\_ NO \_\_\_\_  
If YES, list name of school \_\_\_\_\_ Year Completed \_\_\_\_\_
2. What type of colon hydrotherapy equipment have you/do you use? \_\_\_\_\_
3. Do you have First Aid or CPR training: YES \_\_\_\_ NO \_\_\_\_  
If yes, please indicate the name of the school \_\_\_\_\_  
If yes, please indicate date course completed: \_\_\_\_\_
4. Do you have any experience in any not-for-profit organizations? YES \_\_\_\_ NO \_\_\_\_  
If yes, please list \_\_\_\_\_  
What was your role there? \_\_\_\_\_
5. Do you have any training on any other alternative health modalities? YES \_\_ NO \_\_  
If yes, please list the modality \_\_\_\_\_  
If yes, please list name of school \_\_\_\_\_  
If yes, please list date course completed \_\_\_\_\_  
Did you receive a diploma or certification? \_\_\_\_\_
6. Please list any experience that might be a contribution to C-ACT  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list the areas that you would be willing to donate your time in lieu of membership fee (first year only).  
\_\_\_\_\_

A paragraph stating why you are interested in membership with C-ACT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Please Email or Mail to:**

**CANADIAN ASSOCIATION FOR COLON THERAPISTS (C-ACT)**  
c/o 2351 Kennedy Road Unit 126, Scarborough, Ontario, Canada, M1T 3G9  
[info@canadianact.com](mailto:info@canadianact.com)  
Phone: 416-291-4437