

Аp	plicant First Name:	Last Name:
Ad	dress:	
Cit	y: Province: _	Postal Code:
Da	te of Birth: (m/d/yr	Cell Phone:
We	ebsite:	
Em	nail Address:	
	Fill out, sign, date and submit this f	
	Include a current CV/Resume if app	olying as a volunteer (attach to this document)
Ple	ease answer the following questions	check applicable):
1.	If YES, how long have you been pract Are you a colon hydrotherapy busin If YES, what is the name of your bus Business address if different from all Did you complete a Colonic certifica	n Therapist Practitioner? YES NO titioner? (years) (months) ess owner? YES NO ness oove address: tion program? YES NO Year Completed
2.	What type of colon hydrotherapy ed	uipment do you own or 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.	If yes, please list	not-for-profit organizations? YES NO
5.	Do you have any training on any oth If yes, please list the modal	er alternative health modalities? YES NO ity
	If yes, please list name of s	chool
	If yes, please list date cours	se completed



	Did you receive a diploma or co	ertification?	
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?			
20	23 Membership fees:		
	Volunteer Member	\$0	
	Complimentary membership in exchan	nge for 40 hours with C-ACT during the current year.	
	Individual Practitioner Member	\$150.00	
	Practising Colon Therapists and other a	alternative health practitioners.	
	Associate Member (Clinic Owners)	\$200.00	
	Clinic Owners receive their clinic listing	on our website for 1 year.	
	Affiliate Member (Public Supporters)	\$300.00	
	Relevant businesses interested to supp	oort C-ACT. Members will receive an ad on our website for 1 year.	
NO	TE: Payments are accepted with EFT or	cheques only.	
Арр	licant's Name (please print)		
۸nn	licant's Signature:	Date	