



Membership Renewal Form

Name		Date
Address		
City/Town	Province	Postal Code
Phone	Fax	
Email	Birthdate	
Current Membership Type	Current Membership Number	
Areas of Interest	Other Modalities	
Practicing RHN	YES <input type="checkbox"/> NO <input type="checkbox"/>	Business Name/Website

STANDARD MEMBERSHIP <input type="checkbox"/>	\$300.00
BOARD CERTIFIED MEMBERSHIP <input type="checkbox"/>	\$270.00

OR

MONTHLY PAYMENT OPTION (includes a 1 year membership plus administrative fees)	
Standard membership <input type="checkbox"/>	\$125.00 x 3
Board certified membership <input type="checkbox"/>	\$115.00 x 3

PAYMENT OPTION	One Time Fee <input type="checkbox"/>	Monthly Payment Plan <input type="checkbox"/>
		SUB TOTAL
Plus Applicable Taxes According to Province		HST/GST
		TOTAL
PAYMENT METHOD	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/>	
Card Number	Expiry Date	
Name on Card (please print)		
Signature	Date	

***Please attach your upgrading hours along with the renewal form**

Make cheque payable to: Canadian Association of Holistic Nutrition Professionals
 Mailing Address: 150 Consumers Road, Suite 210, Toronto, Ontario, M2J 1P9
 Email Address: info@cahnpro.org
 Phone: (416) 499-2660
 Fax: 1-866-457-4410