

AHA MEMBERSHIP APPLICATION

OTHER EDUCATION

SIGNATURES

I authorize the verification of the information provided on this form and have received a copy of this application.

Signature of applicant:

Date:

In addition to the information above please provide the registrar a copy of your professional diploma and the completed Compliance Verification form. Membership application and all other related documentation can be submitted to our Registrar at:

registrar@albertahomeopathicassocation.ca