A·H·A
Alberta Homeopathic Association
"Homeopathic Care for Albertans"

AHA MEMBERSHIP RENEWAL APPLICATION				
APPLICANT INFORMATION				
Name:				
Credentials:			Phone:	
Current address:				
City:	Province:		Postal Code:	
Country:	Citizenship:			
Preferred Method of contact:	EMAIL	PHONE	CELL	HOME
ANY CHANGES IN PRACTICE INFORMATION				
Name of Practice:				
Address of Practice:				
Phone:	E-mail:		Fax:	
City:	Province:		Postal Code:	
Country:	Website:		How long in practice:	
ANY CHANGES IN EDUCATIONAL BACKGROUND				
Name of School:				
Address:			Phone:	
City:	Province:		Postal Code:	
Country:				
More Educational Details:				
CONTINUING EDUCATION /PRACTICE & SPECIALITIES UPDATES				
Optional:				
ANY ADDITIONAL INFORMATION:				

AHA MEMBERSHIP RENEWAL APPLICATION	
WEBSITE: CONSENT TO SHARED INFORMATION	
PLEASE INDICATE IF YOU **WOULD OR WOULD NOT** LIKE YOUR INFORMATION DISPLAYED ON THE PUBLIC AHA WEBSITE. ALL PROFESSIONAL MEMBERS ARE LISTED UNDER PUBLIC DOMAIN UNLESS OTHERWISE INDICATED	
	I **do not** want my information listed publicly on the AHA Webpage
	I do **want** my information listed publicly the AHA Webpage
CHC DESIGNATION	
Have you renewed your CHC Designation?	
Please attach a photo of your recent certificate	
SIGNATURES	
I authorize the verification of the information provided on this form and have received a copy of this application.	
Signature of applicant:	Date: