



Canadian Association of Naturopathic Doctors | Association canadienne des docteurs en naturopathie

# 2015 CAND Membership Application

Membership Dues: January 1, 2015-December 31, 2015

20 Holly Street Ste 200 Toronto, Ontario M4S 3B1  
Tel. 416-496-8633 Fax: 416-496-8634 Toll-Free: 1-800-551-4381  
[info@cand.ca](mailto:info@cand.ca) [www.cand.ca](http://www.cand.ca)

Complete all applicable fields (please print):

Name and Designations \_\_\_\_\_

### Primary Clinic

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Clinic City \_\_\_\_\_ Clinic Postal Code \_\_\_\_\_

Clinic Tel \_\_\_\_\_ Clinic Fax \_\_\_\_\_

Email - Display \_\_\_\_\_ Web site \_\_\_\_\_

### Secondary Clinic

Clinic 2 Name & Address \_\_\_\_\_

Clinic 2 City \_\_\_\_\_ Clinic 2 Postal Code \_\_\_\_\_

Clinic 2 Tel. \_\_\_\_\_ Clinic 2 Fax \_\_\_\_\_

### Home or Mailing Address

Address \_\_\_\_\_

Email - office use only (optional) \_\_\_\_\_ Tel. \_\_\_\_\_

Note: Primary clinic info will be made publicly available through the CAND's web site and annual membership directory. Private contact info is for CAND office use only and will not be made available to any other party in accordance with our privacy policy.

### **NEW! Consent for Electronic Communications from CAND**

**Due to new Canada Anti-spam Legislation, we are asking members to provide their express consent to receive CAND electronic communications.** Your CAND membership provides implied consent for the CAND to contact you. Express consent provides CAND clear proof of your permission to send electronic communications to you. All CAND communications are sent electronically. You may unsubscribe at any time by emailing [unsubscribe@cand.ca](mailto:unsubscribe@cand.ca). Please indicate your express consent by checking the box below.

**Yes, please send me the CAND's electronic communications.**

**Important:** CAND membership is linked with the provincial associations in **BC, AB, MB, SK, ON, NB, NS** and **PEI**. CAND membership is conditional until confirmation of membership is received from your provincial association. Also note that in **BC, AB, SK, NB** and **NS**, the provincial association collects CAND dues. **For all other provinces and territories, please forward your completed and signed application form along with your payment to the CAND office at the address above.** If you have any questions, please contact the CAND office.

√	Membership Category	Annual Dues
	1. <b>Full -time</b> practicing ND	\$450 + <b>GST/HST</b>
	2. <b>Part-time</b> practicing ND (Working less than 16 hours per week in practice or otherwise employed using ND credentials*)	\$250 + <b>GST/HST</b>
	3. <b>Second Year</b> practicing ND	\$250 + <b>GST/HST</b>
	4. <b>First Year</b> practicing ND	\$160 + <b>GST/HST</b>
	5. <b>Associate</b> ND (Associate practitioners are out of country, not practicing or retired.)	\$160 + <b>GST/HST</b>

\*Hours of work includes those hours employed as an ND such as teaching/clinic staff and supplier sales reps

My cheque is enclosed and made payable to the CAND in the amount of \$ \_\_\_\_\_

Or

Bill my VISA or M/C # \_\_\_\_\_ Exp. \_\_\_\_\_ 3-digit Ver. Code\* \_\_\_\_\_

\*Your card's 3-digit verification code is located on the back signature strip following your card number

**Application continued on following page →**



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## **AUTOMATIC RENEWAL OPTION for members paying their dues directly to the CAND:**

Please check here if you would like us to automatically renew your CAND membership each year

The CAND will contact you by email each November to inform you of your annual membership dues rate. Please note that we require a VISA or MasterCard number to automatically renew your membership. Your membership dues will be processed in January each year and your membership will be renewed indefinitely unless you provide the CAND written notice of cancellation of membership. You are required to advise the CAND of any changes to your membership or credit card information. Membership will not be renewed and you will be removed from the automatic membership renewal program if payment cannot be processed. By checking the above box and signing this application below, you are confirming that you are enrolling with the CAND Automatic Renewal program.

- From which school did you graduate? \_\_\_\_\_ Year \_\_\_\_\_
- In which provinces are you licensed? \_\_\_\_\_ Lic.# \_\_\_\_\_
- Number of years in practice \_\_\_\_\_ Are you a member of your provincial association? \_\_\_\_\_
- **For Referrals**-Specific therapies, areas of treatment or type of clientele? \_\_\_\_\_
- **For Referrals**-Languages spoken other than English \_\_\_\_\_

## **CAND POLICIES**

### **Membership**

Membership is due January 1<sup>st</sup>. Membership renewals are expected within **30 days** of the renewal date, otherwise the membership will lapse. If this occurs, the CAND must advise the relevant Provincial Association and Partners Indemnity that the member is no longer in good standing with the CAND. Lapse in membership will result in the cancellation of all membership benefits including any malpractice insurance through Partners Indemnity. Membership will not be active until all applicable membership dues have been received and processed by the CAND. An administrative fee of \$30.00 will be charged to reprocess payment in the event of an NSF cheque or declined credit card.

### **Change of Membership Category**

Any member requesting a change in membership category must inform the CAND in writing (by letter, fax or email) at least one month in advance. The notice must include the date the change is to come into effect and the membership status requested. If the member will not be in practice (i.e. maternity leave, sabbatical, etc), they must maintain Associate Member status in order to continue to receive member benefits including malpractice insurance through Partners Indemnity.

### **Membership Cancellation**

Members requesting cancellation of their membership are required to inform the CAND of their request in writing (by letter, fax or email) at least one month in advance of the requested cancellation date. Any refund due to cancellation of membership will be processed 30 days from the date of the written submission. When canceling their membership, members who are insured through Partners Indemnity are advised that their insurance coverage will be cancelled as well as any other members benefits received through other affiliate companies. An administration fee will be charged for membership cancellation and any subsequent membership reinstatement during the calendar year.

### **Privacy Policy**

The CAND collects personal information for contact purposes only and may share said info with its provincial constituent associations upon request. The CAND does not sell said membership information and/or mailing list to any third party for commercial purposes. Clinic contact information is provided to those companies supplying member benefits (i.e. Partners Indemnity Insurance Brokers, Scotiabank, Chase Paymentech). By submitting this form and supplying an email address, you agree to receive CAND electronic communications. You may unsubscribe at any time by emailing us at [unsubscribe@cand.ca](mailto:unsubscribe@cand.ca).

**By signing below I acknowledge that I have read and fully understand and accept the policies outlined herein.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_