

Office of the Registrar
2120 College Avenue
Regina SK, S4P 1C5
Phone: (306) 522.0095; Fax: (306) 522.0745; email: registrar@sanp.ca

2011 REGISTRATION APPLICATION/RENEWAL FORM

Please complete this form in full and return it, along with payment of the applicable registration fee. Please **do not fax** your registration renewal form to the office. An incomplete form will be returned to the Registrant.

Please make your cheque payable to the SANP and send it with your completed Registration Renewal form to The Registrar's Office 2120 College Avenue, Regina, SK S4P 1C5. We cannot accept cash for payment. (N.S.F. cheques will be subject to a \$50.00 administrative fee.)

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Are you:

- ☐ Renewing your membership
- ☐ Applying for new membership

Name: _____

(Last) (First) (Middle)

Office Address:

(Street#/P.O.Box) (Suite#)

(City) (Province) (Postal Code)

() - () - () -
(Home phone) (Work Phone) (Fax)

(Email) _____

Membership Type	✓	SANP	CAND	TOTAL
Graduated 2011		\$300.00	\$160.00 + 8.00 (GST)	\$468.00
Graduated 2010		\$400.00	\$250.00 + \$12.50 (GST)	\$662.50
Graduated 2009 or later		<u>\$600.00</u>	<u>\$450.00 + \$22.50 (GST)</u>	\$1072.50
Associate (non-practicing)		\$200.00	\$160.00 + \$ 8.00(GST)	\$368.00

PLEASE ANSWER THE FOLLOWING QUESTIONS “YES” OR “NO”:

Saskatchewan Association of Naturopathic Practitioners

Office of the Registrar

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Have you ever been found guilty of any offence under a statute in any jurisdiction in Canada or abroad?

Yes [☐] No [☐]

Are there any outstanding or pending civil or criminal proceedings against you?

Yes [☐] No [☐]

Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity in Saskatchewan or any other jurisdiction?

Yes [☐] No [☐]

Have you ever agreed to a settlement to avoid any proceeding or disciplinary action in respect to your professional conduct, competence or capacity?

Yes [☐] No [☐]

If you answered "**Yes**" to any of the above questions, please explain (use a separate page if necessary):

I declare the information as recorded on this registration form to be true and complete.

Signature _____

Date _____

Please note that signing a document that you know to be false or misleading is considered professional misconduct and may result in disciplinary action by the Board.

Please return this form to the SANP registrar with the appropriate fees