

CREATIVE *MEDICINE* COLLECTIVE
New Membership and Renewal Application 2014
Benefits of Membership

***Networking Opportunities * Monthly Professional Meetings * Access to Membership Directory * Education & Training * Post News and Events to CMC Calendar * Bi-Annually Social Gatherings**

Our members are professional women in the Holistic Health and CAM (Complimentary Alternative Medicine) therapies with at least two years of professional practice who gather together monthly. *Membership is available to individuals only and travels with the individual, regardless of your affiliation with a particular organization or facility. Membership is non-transferable and non-refundable.*

About You

Full Name: _____

Organization/Company Name: _____

Email address: _____

Cell phone: _____ Work phone: _____

Mailing Address: _____

City, State, Zip: _____

Website(s): _____

Professional Affiliations: _____

License/Certification/Credentials: # _____

Degree(s) Earned: _____

About Your Practice

Areas of Specialization: _____

Modalities: _____

Client Population served: children ____ adults ____ couples ____ groups ____ other: _____

Groups/Workshops offered : _____

Committee Interest: _____

Membership Fee: (please check one)

New Member - \$ 45.00 _____ (will be prorated according to your membership date) – All renewals will occur April 1st of each year)

I hereby agree to indemnify and hold CMC, it's officers, directors and members harmless, should any legal action, liabilities, and/or claims arise from my providing services to any person whom I counseled through my participation in CMC Referrals.

PRINT name

Signature

Today's date

RECEIPT

IDetatch and retain for your records) CREATIVE *MEDICINE* COLLECTIVE

MEMBERSHIP FEE DATE: _____ AMOUNT PAID: _____

CASH / CHECK (CIRCLE ONE CHECK # _____