



APPLICATION FOR MEMBERSHIP

Ten steps towards Joining the :
'Health Professionals Who Naturally Care'

IMPORTANT

Steps 1 to 10 **MUST** be read thoroughly and completed where appropriate
i.e. written explanation, photo and/or photocopies must be supplied

1. PERSONAL DETAILS

- a. Surname: Given Names:
- b. Home Address:
- Phone: Email:
- c. Business Address:
- Phone: Email:
- d. Date of Birth: Country of Birth: Marital Status:
- e. Postal Address: b. Δ or c. Δ Tick

2. PRACTICE TITLE *If practicing, please circle which title you professionally practice under:*

- | | | |
|-------------------|------------|----------------------|
| Natural Therapist | Herbalist | Medical Practitioner |
| Naturopath | Homoeopath | Chiropractor |
| Osteopath | Masseur | Other |

If 'Other' please specify:
.....
.....

3. PHOTOGRAPHS OF PRACTICE PREMISES AND FACILITIES
(Student & Supported Applicants exempt from this step)

Photographs must clearly show the following:

- a. The front elevation of the premises showing the actual street number in the photograph. This photo or additional photos should include any advertising material or signs on display to the public.
- b. The waiting room
- c. The consulting room(s)

Step 3 is designed to assist the Executive in ensuring that all new applicants have a clean and presentable practice environment for the public.

All must be of a professional standard.

**THE EXECUTIVE RESERVES THE RIGHT TO INSPECT THE PRACTICE PREMISES
OF ASSOCIATION MEMBERS AT ALL TIMES**

4. ACADEMIC BACKGROUND

- a. Secondary Education:
- b. Tertiary Education:
- c. Other academic qualifications:
- d. Professional Education (*Certified photocopies must be included with this application*)
 - 1. College/Institution: (*Name, Location and dates of attendance*)
.....
.....
 - 2. Degrees/Diplomas/Certificates and dates obtained
.....
.....
 - 3. Subjects/Areas under study and present progress
.....
.....

5. PROFESSIONAL PRACTICE DATA

- a. **Practice Status**
 - 1. Full Time or Part Time *Tick*
 - 2. Is the practice your primary source of income? Yes No *Tick*
 - 3. If the answer to 5a Part 2 is No, please indicate your primary source of income
.....
 - 4. Total number of hours in practice per week?
 - 5. Date when first commenced practicing?
- b. **Modalities utilized in Current Practice**

Nutritional Therapy	Homoeopathy	Herbalism	Acupuncture	Others
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If you have ticked 'Others' please specify
- c. **Diagnostic Methods Used**

Symptomatology	Differential Diagnosis	Physiognamy	Eye Diagnosis
Blood	Urine	Saliva	Others

If you have ticked 'Others' please specify

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6. MEMBERSHIP CATEGORIES

Application for membership of the Association will be received by the Executive and accepted conditional to the applicant adhering to the Articles of Association and fulfilling the following criteria:

- a. Being that he/she is 18 years of age or above or, in the case of student members, 16 years or above.
- b. That he/she is considered by the Executive to be a fit and proper person to be a member of the Association.
- c. That he/she meets the requirements of at least one of the following membership categories.
 1. **Full Membership** may be granted to the applicant providing that he/she has undertaken recognised courses of training or their considered equivalent in:
 - (i) Health Science involving Anatomy, Physiology, Biochemistry and Nutrition and
 - (ii) A recognised Practice Modality and
 - (iii) Recognised Diagnostic Techniques and
has received a recognised Degree, Diploma or Academic Award confirming the successful completion of the said courses.
 - or (iv) He/she passes an examination set by the academic authority appointed by the Executive and satisfies the Executive that he/she is competent to practice as a member of the Association.
 - or (v) He/she is a Practicing Health Professional, registered by the Statutory Board and considered by the Executive to be within an appropriate field of practice.

GRANDFATHER PROVISIONS – applicants seeking Full Membership without all of the required academic qualifications may apply for a ‘Grandfather Entry’ which will take into account the number of years that the Practitioner has been in full time practice and the experience that this has afforded him/her. For further details, see Step 7 and the enclosed standards to which it refers.

2. **Associate Membership** may be granted on application from a Practitioner who falls short of some of the full membership requirements. A Certification of Accreditation will be given in a specific modality only, if the Executive is satisfied that the applicant is competent to practice in that modality. *This level of membership cannot apply for a Natural Health Practitioners Charter Certificate*
3. **Student Membership** may be granted providing:

He/she is undertaking a recognised course of training as described in Step 6c, 1 – (i, ii and iii)
4. **Supporter Membership** may be granted providing he/she has a supportive interest in the Association’s Aims and Objectives, is over 16 years of age and meets the requirements of 6b.

7. ENTRY STANDARDS

Entry standards for SNTR Inc. are constantly being upgraded to keep pace with the growing professionalism being developed within the natural health profession. The Executive uses as a guide a system of accrediting each Applicant, with both SNTR Inc. education and SNTR Inc. experience credits. The number of credits that are accredited to each Applicant by the Executive is then used to calculate their eligibility for membership.

Certificate of Charter can only be issued by Natural Health Practitioners. when qualifications that are required by their appropriate Board are met. Membership of SNTR Inc. or of another affiliate that is incorporated to Natural Health Practitioners. is a necessary first step towards gaining Natural Health Practitioners membership which includes comprehensive indemnity insurance as part of that membership.

The SNTR Inc. Executive does stress that the enclosed entry criteria can change at any time, without notice and is provided as a guide only to Applicants to assess their eligibility. The final decision rests with the

Executive of SNTR Inc. who reserve the right to treat each application individually without being restricted or bound by these guidelines.

8. APPLICATION AND MEMBERSHIP FEES

There is a non-refundable application fee of \$25.00 (twenty five dollars) which MUST accompany this application by cheque or money order only please.

Payments to be made out to SNTR Inc.

This \$25.00 Application Fee is all that is required to be sent at this time

Your membership fee, as detailed below, will only be due upon you receiving our advice that your application has been successful.

Please tick membership category for which you wish to apply – (*Entry Fee \$25.00 first year only*)

Full Member \$50.00 Associate Member \$45.00 Student \$35.00 Supporter \$25.00

9. DECLARATION

I solemnly and sincerely declare that:

1. I am the person named and shown in the documents accompanying this application.
2. Documentary evidence of my educational and professional qualifications submitted with this application remain current at the date hereof and no action is pending in respect thereto.
3. I agree to be bound and abide by the Rules and Regulations established by the Executive Committee of the SNTR Inc.
4. I acknowledge that the Executive Committee of the SNTR Inc. may, in its absolute discretion, grant or refuse membership for any or all disciplines applied for, or withhold, suspend or withdraw membership in general or in respect of any disciplines, without assigning any reason therefore.
5. I confirm that this application is submitted with full knowledge and consent that, in the event of membership being refused, the Application Fee is not refundable.

I MAKE THIS SOLEMN DECLARATION CONSCIOUSLY BELIEVING SAME TO BE TRUE AND BY VIRTUE OF THIS STATUTORY DECLARATION

SUBSCRIBED AND DECLARED AT

Location this..... day of 20.....

..... before me
Applicants Signature *JP Signature*

JP Name:

Address:

Phone No:

OFFICIAL USE ONLY					
PASSPORT PHOTO	<input type="checkbox"/>	ENTRY GRAPH SCORE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
CERTIFIED COPIES (<i>Cert/Dips etc</i>)	<input type="checkbox"/>	INSURANCE	<input type="checkbox"/>		
CENTRE PHOTOS	<input type="checkbox"/>	APPLICATION FEE	<input type="checkbox"/>		
PRACTICE VERIFICATION	<input type="checkbox"/>	DECLARATION SIGNED	<input type="checkbox"/>		
ASSOCIATE MEMBER REQUIREMENTS	<input type="checkbox"/>		<input type="checkbox"/>	BY DATE	<input type="checkbox"/>

President

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