



New Brunswick Association of Naturopathic Doctors
Membership Application Form

Please return your completed form with payment to:

NBAND
2278 King George Hwy
Miramichi N.B.
E1V 6N6
Phone: 506-773-3700
Fax: 506-773-3704

Date: _____

Name: _____

Please indicate all designations: _____

ND registration number and licensing province: _____

College of Naturopathic Medicine and year of graduation: _____

Number of years in practice: _____

Please list all other degrees and faculty of study (i.e.: PhD Biology): _____

Insurance company: _____ Policy Number: _____

Main Practice

Clinic Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Clinic e-mail: _____ Website: _____

Second Practice

Clinic Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Clinic e-mail: _____ Website: _____

Personal Contact Information

Address: _____

City: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please notify our office of any changes in the above information during the year. If you practice at more than 2 offices please attach a separate page with additional information.

Membership Fees

Active Full Member	\$500.00
First Year Member	\$250.00
Associated Practitioner	\$ 100.00

*Cheque or money order may be payable to NBAND

*Applications are non-refundable

Associated Practitioner

Licensed or registered Naturopathic Doctor who are not currently practicing or employed as a Naturopathic Doctor (i.e.: sabbatical, maternity leave)

Membership Criteria

Graduated from an accredited Naturopathic College in North America.

Hold a valid license with a regulated Province in Canada.

Completed all NPLEX Board exams.

Hold valid malpractice insurance for the current year.