



Health Action Network Society

## **Professional Membership Application Form**

Please complete this form and mail or fax to the HANS office

#202 – 5262 Rumble Street, Burnaby BC V5J 2B6

ph: (604) 435-0512 Fax: (604) 435-1561

Your Name:

Select:  List before Business name, or  List after Business name, or  Do Not List.

Business Name:

Mailing Address:

City:

Province

Postal Code:

Business Phone:

Business Fax:

Main Contact Person (NOT PUBLISHED):

Web site Address:

Other Contact Number (NOT PUBLISHED):

E-mail Address:

Do not Publish Mailing Address

Do not Publish Web site Address

Yes, we would like to offer a discount to HANS members (please attach details.)

Do not Publish Business Fax

Do not Publish E-Mail Address

**\*\*\* Write-up — (MAXIMUM 75 WORDS) Please include a description of your business/philosophy/products/services/discounts with this application.**

### **Payment Options**

#### **Professional Membership and Directory Listing**

Please note: Multiple Locations are treated as separate listings, for example, 3 locations will be \$23/mo or \$280/year. Please include additional addresses separately.

One category/location - \$180/year or \$15/month

Two categories/locations - \$230/year or \$19/month

Three categories/locations - \$280/year a month or \$23/month



## Health Action Network Society

**My Category Choice(s) - See category list below**

**Category One** \_\_\_\_\_

**Category Two** \_\_\_\_\_

**Category Three** \_\_\_\_\_

**I would like to pay continually by month by automatic withdrawal. (\$15, \$19, or \$23 per month)**

- VOID Cheque (please mail with application or fax to (604) 435-1561 on the \_\_\_ 1<sup>ST</sup> OR \_\_\_ 15<sup>TH</sup> of month
- Visa/Mastercard/Amex # \_\_\_\_\_ exp \_\_\_\_\_ on the \_\_\_ 1<sup>ST</sup> OR \_\_\_ 15<sup>TH</sup> of month

**I would like to pay annually. (\$180, \$230, or \$280 per year)**

- Cheque payable to HANS
- Visa /Mastercard/Amex # \_\_\_\_\_ exp \_\_\_\_\_ (may also be faxed to (604) 435-1561)

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

### **HANS Directory Categories**

**(Please provide a copy of certification for health modalities)**

- |                                      |   |                         |
|--------------------------------------|---|-------------------------|
| Acupuncture and Chinese Medicine     | Health Retreats & Spas                            | Skin and Haircare       |
| Animal/Pet Holistic Health Care      | Herbalists (Registered)                           | Support Groups          |
| Aromatherapy                         | Herbs & Herbal Products                           | Vaccination Information |
| Assessments                          | Holistic Counselling Practitioners                | Water and Air Systems   |
| Associations                         | Homeopaths  | Weight Management       |
| Asthma Care                          | Hyperbaric/Oxygen Therapy                         | Wellness Centres        |
| Autism                               | Hypnotherapy                                      | Women's Health          |
| Ayurvedic Medicine                   | Iridologists                                      | Yoga                    |
| Biofeedback                          | Kinesiology                                       |                         |
| Bodyworkers                          | Massage Therapists (Registered)                   |                         |
| Buteyko Breathing                    | Medical Doctors                                   |                         |
| Cancer Treatments & Support          | Mental and Emotional Wellness                     |                         |
| Children's Health                    | MS Treatments & Support                           |                         |
| Chiropractors                        | Naturopathic Physicians                           |                         |
| Cleansing                            | Non-profits                                       |                         |
| Clinical Counsellors                 | Nurses (Registered)                               |                         |
| Colon Hydrotherapy                   | Nutritional Consultants/Practitioners (Certified) |                         |
| Craniosacral Therapy                 | Organic Products                                  |                         |
| Dentists                             | Orthomolecular Medicine                           |                         |
| Detoxification                       | Other Prof and Bus. Friends of HANS               |                         |
| Electromagnetic Fields and Radiation | Ozone Therapy                                     |                         |
| Energy Medicine                      | Personal Development                              |                         |
| Environmental Products/Services      | Physiotherapists                                  |                         |
| Fibromyalgia Treatments & Support    | Psychologists                                     |                         |
| Food Preparation/Healthy Cuisine     | Publications (Health/Environmental)               |                         |
| Health Coaches                       | Reflexologists                                    |                         |
| Health & Education Centres           | Reiki   |                         |
| Health Food Stores                   | Rehabilitation                                    |                         |
| Health Products/Equipment            | Saunas  |                         |



## Health Action Network Society

\_\_\_ Yes, I would like \_\_\_ additional magazines per issue.

\_\_\_ Yes, I would like to request a copy of the *Health Action* magazine advertising package (professional members receive a 25% discount).

\_\_\_ Yes, I would like to be interviewed for inclusion on the HANS website (someone in the HANS editorial department will follow up with you).

\_\_\_ Yes, I have a story idea I'd like to see covered in the magazine (please follow up with [editorial@hans.org](mailto:editorial@hans.org)).

\_\_\_ Yes, I have written a book and would like to donate a copy to the HANS library.

\_\_\_ Yes, I am interested in speaking at a future HANS event. (please indicate topic and details)

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Please keep us up-to-date on what you are doing! We love hearing from our professional members. HANS members also love to attend events, so feel free to post your events on our site under the Community Events section. It's very easy at [www.hans.org](http://www.hans.org).

Looking forward to working with you,

The HANS Team