



BRITISH COLUMBIA HERBALISTS ASSOCIATION

Box 8326, Victoria Main, Victoria, BC, V8W 3R9
www.chaofbc.ca

Name of Student Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____ Website: _____

Are you a Canadian Citizen: Yes _____ No _____ If not, nationality: _____

Associate Student Membership Application	Unit Price	Amount
New Associate Student Membership	\$30.00	\$30.00
One time administration fee (non-refundable)	\$5.00	\$5.00
If student, subtract student discount. Please enter expected graduation date: _____	-\$30.00	- \$30.00
Please accept my donation: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> to help support our CCHA representatives <input type="checkbox"/> to help support our BCHA website maintenance & enhancements <input type="checkbox"/> to be used by the BCHA where it is best needed.		
	Subtotal	
	GST	0
	TOTAL	

Your application for Associate Student membership should contain the following:

- This page filled out.
- If a student, the student session filled out.

Submitting application & payment:

- By regular mail:** mail application with your cheque or money order payable to British Columbia Herbalists Association to address shown on the top of this form.
- By email:** Email the full application and payment via e-transfer to chaofbc@gmail.com.

Note: for membership questions or inquiries, please email chaofbc@gmail.com.

In joining the BCHA, I consent to receive periodic newsletters and/ or emails providing updates about the association. Yes / No

I have interest in receiving email correspondence about the student subcommittee activities. Yes / No

I have interest in joining the student subcommittee and contributing to the BCHA within the student body. Yes / No

As a student member of the BCHA, the fee for students joining is a one-time fee, however the application form does need to be renewed each year to stay a current student member.

STUDENT APPLICANT

Institution you are currently attending: _____

Field of training: _____

Expected/estimated date of graduation/completion: _____

* Note students are responsible for updating their student application annually to ensure that membership remains in good standing.

If student in the healing arts (check all applicable boxes):

- Clinical Herbalist Phytotherapist Master Herbalist Chartered Herbalist
 Aromatherapist Phytotherapist Homeopathy Counseling Nursing
 Other training (specified): _____

Does your training include a clinical practicum? Yes No – Total hours at the end of Program _____

Are you taking (or have taken) any mentorship/apprentice program? Yes No – Total est. Hrs _____

Is this a correspondence training? Yes No – Total est. Credit Hrs _____

Is this a classroom Program? Yes No – Total estimated Credit Hrs _____

