

**Alliance of Holistic Practitioners of the St. Croix Valley
Membership Form**

Name: _____

Address: _____

Phone: _____

Email: _____

Company Name: _____

Phone: _____ Email: _____

Website:

Credentials, Licenses, Certificates:

If renewing membership, please list any new information since previous year:

Techniques:

Insurance Provider & Number (if appropriate)

Code of Ethics

- * I agree to conduct myself with honesty and integrity at all times.
- * I agree to consciously work within my scope of practice.
- * I agree to be a resource to other practitioners as well as my clients.
- * I agree to attend meetings regularly in an effort to build relationships with others in the group.
- * I understand that this group is run by volunteers, and I agree to be an active volunteer for the success of our Alliance.
- * I understand that I must follow the Code of Ethics and fulfill the Member Expectations and that the group retains the authority to terminate my membership if I am in violation of the either

Member Expectations

- * Follow the Alliance Code of Ethics.
- * Attend monthly meetings.
- * Participate in one or more of the focus groups of the Alliance.
- * Complete the Membership Form.
- * Remit dues upon joining (Currently \$37) (We will re-address dues if we need to increase them as we continue to develop our services and activities.) A potential member may attend three meetings before committing to join the Alliance.

How did you find out about the Alliance?

Have you ever been investigated for unethical or fraudulent practices? _____

I have read and agree to adhere to the Ethics and Member standards. My information is accurate.

Signed: _____

Date: _____

Form updated yearly: \$37 due with Form. Bring to a meeting or send to:

Joni Polehna
1100 Northland Ave.
Stillwater, MN 55082
Questions, please call 651-592-6181