

The Academy of Holistic Health
Application

Name: _____

Address: _____

Country: _____

Phone: _____

Birthdate: _____

Profession: _____

Business name: _____

Business phone: _____

Email: _____

Website: _____

Education level completed: _____

Schools: _____

Professional designations: _____

Check: membership options

____ CNC: Certified Nutrition Consultant (diploma or certificate program)

____ CHN: Certified Holistic Nutritionist (Bachelor or Masters of Science)

Enclose:

____ Diploma/Certificate

____ Driver's license copy

Mail to :

The Academy of Holistic Health
P.O. Box 3366
Mission, B.C. Canada
V2V 4J5

For any questions concerning
this application please phone
AHH at 1-888-399-3210