

International Association of Hygienic Physicians (IAHP)
APPLICATION FOR MEMBERSHIP

Name _____

Address (Office) _____ Phone # _____

Address (Home) _____ Phone # _____
_____ E-Mail _____

Website _____ Age _____ Marital Status _____

Type of Practice: (Office, Institute, or Other): _____

EDUCATION

Medical/Chiropractic/Osteopathic/Naturopathic School Attended: _____

Years of Attendance _____

Post Graduate Training (and years) _____

Specialty Certification _____

State Boards _____

I learned of the Association from: _____

STATEMENT OF PERSONAL HYGIENIC PHILOSOPHY:

Completion of the back page is required.

WHY I WISH TO BE A MEMBER OF THIS ASSOCIATION:

CERTIFICATION

1. I certify that I was fully educated and trained at a bona fide professional school in one of the following primary care disciplines: Medicine, Chiropractic, Osteopathy, or Naturopathy.
2. I am legally qualified to practice in my state or country.
3. I am personally committed, both in philosophy and practice, to the basic principles of Natural Hygiene as substantiated in the biological sciences.
4. I accept and agree to abide by the Association's Principles of Ethics and Standards of Practice set forth on this Website.

(Items 1 and 2 do not apply to Graduate Students)

DATE: _____

SIGNED: _____

RETURN THIS COMPLETED APPLICATION TO:

Please rename and save the completed file using the name format APPLICATION FOR MEMBERSHIP - YOUR FIRST AND LAST NAME

MARK A. HUBERMAN
IAHP SECRETARY-TREASURER
Phone: (330) 788-5711
E-Mail: mhuberman@zoominternet.net

MEMBERSHIP

Complete the Membership fee link on the website to complete your application. (\$50).