



# Health Coach Association

## Associate Member Application

I, \_\_\_\_\_, hereby apply to become an Associate Member of HCANA, hereinafter "Association," a private membership education and information dispersing association.

1. I understand Association is a private education organization formed under the First, Fourth, Fifth, Ninth, Tenth and Fourteenth Amendments to the U.S. Constitution and Section Two of the 1982 Canadian Charter of Rights and Freedoms which guarantees us the right to liberty, privacy, peacefully assembly, due process, and exercise our right to freedom of choice, self-determination, speech and all rights and powers not granted to federal governments or regulated by the state and/or province. I also understand I will not be discriminated against on the basis of age, appearance, creed, education, gender, profession, race, religion or personal preferences.
2. I understand I am entitled to all the rights and benefits of Professional Membership in Association including the option to form my own personal private education organization as a nonprofit or taxable entity.
3. I also understand my primary responsibility to my clients is to coach, demonstrate, educate, empower, facilitate, instruct, mentor, supervise, teach, test their knowledge, train and tutor them to the best of my ability regarding their diagnosis, requests for interventions and attempts to heal themselves by using all of the coaching techniques and tools at my disposal.
4. I also understand my clients will both diagnose themselves and determine their own treatment plan for health, nutrition, therapies and wellness. I will refer them to licensed professionals to obtain any of those services upon request.

5. I further understand it is my responsibility to maintain the confidentiality of all communications between me and other Association members.

6. I understand that I am responsible for the content of all my oral, recorded audio, video and written communications.

7. My highest education diploma or degree is: \_\_\_\_\_

8. My major fields of study are: \_\_\_\_\_

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9. I warrant I have successfully completed the continuing education listed here in the past 36 months.

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10. List any secular and spiritual licenses you have, the expiration date and the name of the issuing board: \_\_\_\_\_

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11. List any other certifications you have, the expiration date and the name of the issuing board: \_\_\_\_\_

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12. I am enclosing a copy of my current Code of Professional Ethics and Informed Consent Form. I warrant that my clients read and understand my Code of Professional Ethics and have signed a copy of my Informed Consent Form. These forms are available to the public upon request.

I confidentially apply for Membership in this Association and sign this application without prejudice under UCC 1-308 to preserve my rights and freedoms on this date \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State/Province, Zip Code: \_\_\_\_\_

Best Phone Contact: \_\_\_\_\_

Backup Phone Contact: \_\_\_\_\_

Best E-mail Contact: \_\_\_\_\_

Backup Email: \_\_\_\_\_

My payment is: \_\_\_\_ enclosed \_\_\_\_ mailed \_\_\_\_ made online

Associate Member Fee is \$167.50 per year.

Fax to: 800-838-1931, or E-mail it as an attachment to: [apply@2nta.com](mailto:apply@2nta.com), or  
Mail it to PMEAA, 2311 US Highway 70 #512, Swannanoa, NC 28778