

## The Holistic Animal Association Membership Application

Please Print or Type (Incomplete Applications will not be processed).

Full Name: \_\_\_\_\_

Name as you'd like for it to appear on the Membership (Business/Professional)  
Certificate: \_\_\_\_\_

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Mailing  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ Phone (Business): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ Phone (Fax): \_\_\_\_\_

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

Website: \_\_\_\_\_

Profession: \_\_\_\_\_

Professional Initials (i.e.: LMT, L.Ac., RA, RN, DVM, etc.)  
\_\_\_\_\_

Submit a copy of supporting documentation for each professional license/certification.

Membership Category (Please check appropriate membership category you are  
applying/renewing for): (International Membership category includes: Canada and any  
Country outside the USA).

USA Member: \_\_\_\_\_ International Member: \_\_\_\_\_

New Membership: \_\_\_\_\_ Renewal Membership: \_\_\_\_\_ Upgrade Membership: \_\_\_\_\_

Friend of Animals Member: \_\_\_\_\_ Student Member: \_\_\_\_\_ Professional Member: \_\_\_\_\_  
(\$25.00/\$35.00) (\$40.00/\$50.00) (\$100.00/\$125.00)

Business Member: \_\_\_\_\_ Sponsor Member: \_\_\_\_\_ Non-Profit Member: \_\_\_\_\_  
(\$150.00/\$175.00) (\$500.00+) (\$75.00/\$100.00)

School/Educator Member: \_\_\_\_\_ (Additional School/Educator Application required)  
(\$250.00/\$300.00)

Applicant's Name: \_\_\_\_\_

Membership Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Make checks payable to:** The Holistic Animal Association

Any returned checks will be charged a \$25.00 fee

If you prefer to pay by credit card, please use the secure PayPal option via our online store.

**Mail completed application, required documentation and payment to:**

The Holistic Animal Association

PO BOX 1858

Banner Elk, NC 28604 USA

**Or scan Membership Application into a PDF and email to**

[info@holisticanimalassociation.com](mailto:info@holisticanimalassociation.com)

**Educator/School Membership Application** and required documentation must be mailed to the office direct. (Please read Educator/School Application Procedure & Requirements).

I give permission to have my business/professional contact information listed in the Business/Professional Member Resource Guide. I agree that by being listed in the Business/Professional Member Resource Guide that my information will be available to the general public and fellow members upon request for a Practitioner/Business Referral in their area.

Yes, I want to be listed: \_\_\_\_\_ No, I do not want to be listed: \_\_\_\_\_  
(Listings are for Business/Professional and Sponsor Members only. A listing will include your Name, Business Name, Website and Business Phone Number).

**Please sign below:** I agree that I have read and will abide by the H.A.A. Code of Ethics and Membership Requirements. I have submitted all proper documentation/materials with the Membership Application. If any of my contact information changes, I will notify the office.

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

**For Office Use Only:**

Date Application Received: \_\_\_\_\_ Complete: \_\_\_\_\_ Incomplete: \_\_\_\_\_

Membership ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Membership Packet Sent: \_\_\_\_\_

Notes: