



YUKON WHOLISTIC HEALTH NETWORK



MEMBERSHIP APPLICATION

Box 31581, Whitehorse, YT Y1A 6L2

email: ywhn99@yahoo.ca

Web: www.yukonwholistichealth.ca

YWHN MANDATE	YWHN MISSION
<ul style="list-style-type: none"> To promote Wholistic Health in the Yukon through education, networking and advocacy in support of practitioners, the general public and interested people alike To promote good health practices and informed decision making 	<ul style="list-style-type: none"> To educate ourselves and our community about Wholistic Health To network and share with other Wholistic Health providers and supporters To advocate for Wholistic Health in the Yukon
MEMBERSHIP BENEFITS	MEMBERSHIP YEAR
<ul style="list-style-type: none"> Listing on YWHN website for low membership Participation in YWHN programs and planning Participation in events sponsored by YWHN 	<p style="text-align: center;">January to December, 20_____ (please fill in year)</p>

FOR YOUR LISTING ON OUR WEBSITE (www.yukonwholistichealth.ca)++:

Business Name: _____

Contact Name: _____ / Business Phone #: _____

Website: _____ / Email: _____

Services Offered++: _____

Please circle: Are you a Practitioner / Supporter / Student?

Are you able to serve on a Committee or assist with specific events or tasks?

Membership Fees (cash / cheque. Receipt will be issued):

_____ \$15.00 Annual (January to December) _____ \$120.00 Lifetime (Individual)

_____ \$200 Lifetime (Business)

++ We will do our best to accommodate all modalities with a listing on our website, but the numbers of separate modalities that can be listed are limited. If you offer multiple modalities, please pick 2 that you feel portrays most of your services. Feel free to look at our site and see what modalities are currently listed.