



## Canadian Federation of Aromatherapists

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### **Administrative Office**

124 Sweet Water Cr. Richmond Hill, On L4S 2B4

519-746-1594 Fax 519-746-9493

[www.cfacanada.com](http://www.cfacanada.com)

[cfamanager@cfacanada.com](mailto:cfamanager@cfacanada.com)

### **Membership Application Form**

**Please check the membership that you are applying for:**

Professional Member (Voting)	\$140.00
International Member (Voting)	\$150.00
Aromatologist/Aromacologist (Voting)	\$140.00
Non-Practicing Professional Member (Voting)	\$140.00
Professional Instructor Membership (Voting)	\$140.00
Student Member (Non-Voting)	\$ 45.00
Affiliate member (Non-Voting)	\$ 85.00

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**Please supply the following information:**

**Today's Date:**

**Name:**

**Business Name:**

**Address:**

**Bus. Phone#:**

**Home Phone#:**

**Fax #:**

**E-Mail:**

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**Form of payment enclosed:**

**Visa #:**

**Expiry Date:**

**Cheque**

**Signature:**

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**NEW Professional Members only please include copies of the following information:**

Copy of the certificate for the Aromatherapy course (include how many hours the course took)

Copy of letter with examination results from the CFA.

First Aid/CPR certificate

CFA Group Insurance Application or a copy of existing insurance

**Student Members please include the following:**

Name of School:

Address:

Name of teacher:

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**I would like to help the CFA as:**

Events/Office Volunteer

National Board Member

Committee Volunteer