

Healing Arts Network Association Membership Application

The information provided on the Membership Application will be added to the official Healing Arts Network Association members list. This information will be openly shared with other HANA members on a need to know basis. This information will not be shared or sold commercially

Required fields are in **bold**.

Name (First/MI/Last):	
Organization:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	
Home Phone:	
Work Phone:	
Fax:	
Cell:	
Pager:	
E-mail	Most communication within HANA is sent electronically. (This includes minutes of Leadership Council Meetings, newsletter, calendar events, etc.) If you don't have an e-mail address - your communication will be sent via regular mail.

PRACTITIONERS - are individuals who supply health related services
SUPPORTERS – are individuals who *do not* supply health related services
AFFILIATES – are Not-For-Profit organizations or groups

Full Year Membership 10-01-09 thru 09-30-10	Practitioner - Individual (\$100) Practitioner - Group (\$200) Practitioner - Lifetime (\$500)	Supporter - Regular (\$30) Supporter - Patron (\$100) Supporter - Lifetime (\$500) Supporter - Student (\$10) Affiliate - Non-Profit (\$25)
Half Year Membership 04-01-10 thru 09-30-10	Practitioner - Individual (\$50) Practitioner - Group (\$100) Practitioner - Lifetime (\$500)	Supporter - Regular (\$15) Supporter - Patron (\$100) Supporter - Lifetime (\$500) Supporter - Student (\$5) Affiliate - Non-Profit (\$15)

PRACTITIONERS

Dues for Practitioners includes the cost for listing in the *Directory of Practitioners* and on the HANA website.

The *Directory of Practitioners* is published on an annual basis and routinely distributed throughout the community during the year. (Health food stores, businesses, health fairs, workshops, seminars, educational settings, etc). If you would like your business listing to be included in the 2008 Directory of Practitioners, the following information must be submitted **no later than September 15, 2009**.

Please indicate whether or not you will offer a 10% discount for services and products to HANA members through September 30, 2010 Yes No

PHOTOGRAPH Please e-mail a colored photo to be included in the Directory and website to: healingartsnet@aol.com or regular mail to Healing Arts Network Association, Attn: Ron Maier, 206 W Kelsey, Bloomington, IL 61701

I/we agree with the Mission and Statement of Purpose of the Healing Arts Network Association: To promote integrated healing throughout our community.

If / when supplying health related services, i/we promise to uphold the Code of Ethics of the Healing Arts Network Association: To support fellow practitioners without discrimination, to perform only those services for which I/we are professionally qualified, to represent my/our expertise accurately, and to respect the privacy and confidentiality of clients.

PRACTITIONERS LISTING IN THE DIRECTORY OF PRACTITIONERS AND ON THE WEBSITE:

Only complete the items you want included in your listing

Days / Hours of Service	
Website	
Name (First/MI/Last):	
Organization:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	
Home Phone:	
Work Phone:	
Fax:	
Cell:	
Pager:	
E-mail	

Select all modalities under which you would like to be listed:

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Emotional Freedom Technique (EFT)	<input type="checkbox"/> Personal & Professional Coaching
<input type="checkbox"/> Alexander Technique	<input type="checkbox"/> Feng Shui	<input type="checkbox"/> Polarity Therapy
<input type="checkbox"/> Applied Kinesiology (AK)	<input type="checkbox"/> Fitness and Exercise	<input type="checkbox"/> Raindrop Technique
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Healing Touch	<input type="checkbox"/> Reflexology
<input type="checkbox"/> Ayurveda	<input type="checkbox"/> Herbal Therapy Consulting	<input type="checkbox"/> Reiki
<input type="checkbox"/> Bach Flower Remedies	<input type="checkbox"/> Hypnosis/Hypnotherapy	<input type="checkbox"/> Synergy Dance
<input type="checkbox"/> Brennan Healings (Energy)	<input type="checkbox"/> Massage	<input type="checkbox"/> Synergy Yoga
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Meditation	<input type="checkbox"/> Tai Chi
<input type="checkbox"/> Clinical Kinesiology (CD)	<input type="checkbox"/> Myotherapy	<input type="checkbox"/> Thought Field Therapy (TFT)
<input type="checkbox"/> Counseling & Psychotherapy	<input type="checkbox"/> Neuromuscular Therapy	<input type="checkbox"/> Yoga
<input type="checkbox"/> CrainoSacral Unwinding	<input type="checkbox"/> Nutritional Therapy	<input type="checkbox"/> Health Care Products
<input type="checkbox"/> Creative Arts Therapy	<input type="checkbox"/> Pastoral Counseling	<input type="checkbox"/> *OTHER

*OTHER: - If the modality that you provide is not listed, please list it with a short description (40 – 50 words). You may, also, include a supporting website. Modality_____ - Description (40-50 words)
Attach to Application

Please attach the description of your practice you want included in your listing in the Directory of Practitioners and Website. Description must be in 2 paragraphs, which should not exceed 100 words (attach to Application)

Paragraph 1. Credentials / Education / Experience **Paragraph 2.** A Description of your services / product(s) .

Please send Membership Application, Photograph, Description & check to:

Healing Arts Network Association, Attn: Ron Maier, 206 W. Kelsey, Bloomington, IL 61701

(The description and photo may be sent via e-mail to: ronaldm55@aol.com)