

Healing Arts Network Association Membership Renewal

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

Membership Type	Practitioner - Individual (\$30) Practitioner - Group (\$50) Practitioner - Patron (\$100) Practitioner - Lifetime (\$500)	Supporter - Regular (\$30) Supporter - Patron (\$100) Supporter - Lifetime (\$500) Supporter - Student (\$10) Affiliate - Non-Profit (\$25)
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Please indicate whether or not you will offer a 10% discount for services and products to HANA members through September 30, 2007 Yes No

1. The *Directory of Practitioners* is published on an annual basis and routinely distributed throughout the community during the year. (Health food stores, business, health fairs, workshops, seminars, educational settings, etc). If you would like your business listing to be included in the 2007 Directory of Practitioners, the following information must be submitted no later than September 30, 2006.
2. You may also choose to be listed on the HANA Website, which has been professionally developed and promoted.

Please select one of the following:

Practitioners: In Addition to my membership, I want to be listed in the

- Directory of Practitioners and Website \$65.00
- Directory of Practitioners only \$40.00
- Website Only \$25.00
- None

(If your answer was none – **STOP HERE**)

**PRACTITIONERS LISTING ON THE WEBSITE AND/OR IN THE DIRECTORY OF PRACTITIONERS:
ONLY COMPLETE the items, which 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 and 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 and 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 you want included in your listing in the Directory of Practitioners and/or 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 renewal form, & check to:

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