



NATUROPATHIC COMMUNITY CENTER MEMBERSHIP FORM

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

\$5 Membership Fee: Y/N

Members of the Naturopathic Community Center will receive email notification of special events, a copy of our quarterly Newsletter chocked full of natural health tips and articles, and have the opportunity to volunteer at NCC events. Members will also have the opportunity to take advantage of our overnight facilities. Members are recognized as a contributing and trusted component of the NCC natural health community. Additional donations are welcome and appreciated.

Student Signature

Date