

St. Croix Healing Practitioners Membership Form

Name: _____

Address: _____

Phone: _____

Email: _____

Company: _____

Name: _____

Phone: _____

Email: _____

Website: _____

Credentials, Licenses, Certificates: _____

If renewing membership, please list any new information since previous year:

Techniques:

Insurance Provider & Number (if appropriate)

Code of Ethics

- * I agree to conduct myself with honesty and integrity at all times.
- * I agree to consciously work within my scope of practice.
- * I agree to be a resource to other practitioners as well as my clients.
- * I agree to attend meetings regularly in an effort to build relationships with others in the group.
- * I understand that this group is run by volunteers, and I agree to be an active volunteer for the success of our RVHP Group.
- * I understand that I must follow the Code of Ethics and fulfill the Member Expectations and that the group retains the authority to terminate my membership if I am in violation of the either
Member Expectations
 - * Follow the RVHP Code of Ethics.
 - * Attend monthly/quarterly meetings.
 - * Complete the Membership Form.

Remit dues upon joining (Currently \$35) **A potential member may attend three meetings before committing to join the STHP.** 7/11/2020 Revision E.

How did you find out about the STHP Group?

Have you ever been investigated for unethical or fraudulent practices? _____
I have read and agree to adhere to the Ethics and Member standards. My information is accurate.

Signed: _____ Date: _____

Form updated yearly: \$35 due with Form. Bring to a meeting or send to:

Joni Polehna
1100 Northland Ave.
Stillwater, MN 55082

Please make checks out to River Valley Holistic Practitioners.

Questions, please call Claire Marie at 651-283-9808