If you are interested in becoming a member as therapist or naturopath, please contact HPCM.
Telephone: 0031-457 111 260, email: hpcm@rath-programs.com

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APPLICATION FOR MEMBERSHIP AS A CONSULTANT
in the Dr. Rath Health Alliance

Personal details: Please complete in block letters!

Surname, first name*

House no, Street* | Town, post code*

Country* | Date of birth

Telephone* | Fax

Email* | Occupation/job

Please transfer my own fees to the following account:

Bank* | Swift-Code (BIC)*

IBAN*

* The Information marked with an asterisk is mandatory.

I hereby apply to become a member of the Dr. Rath Health Alliance. I acknowledge receipt of a detailed introduction to the bases and aims of the Dr. Rath Health Alliance. I have received a copy of the Dr. Rath Health Alliance Guidelines (last status: 01 June 2018) and am in agreement with them – in particular with data collection and processing as described under point 10. Membership is free of charge.

Information of the new customer I have recruited:

Surname, first name | House no, Street | Town, post code

Country | possibly customer number

Information of sponsoring, supporting consultant:

Surname, first name

Membership number | Sponsoring consultant´s signature

☐ The completed order form of the new customer I have recruited is attached.

Date, place | Applicant´s signature

Please accept that we can only process fully completed applications. In the case of any changes to your personal data, please send these to us as quickly as possible to ensure that we can calculate and pay your fees smoothly. Please retain a copy of this application plus guideline for your personal documents.

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