

CORPORATE MEMBERSHIP GUIDELINES

CHAMPION PATRON SUPPORTER CONTRIBUTOR

Corporate Members in the OAND have an opportunity to influence the 100s of Naturopathic Doctors in Ontario, and their patients. ⁽¹⁾Fully 40% of Ontarians - or 5,000,000 potential patients - say they are likely to see a Naturopathic Doctor (ND) in the next few years.

You can influence Ontario NDs and their patients through participating in the OAND corporate members program - if you qualify for membership.

Corporate members must meet the following guidelines:

1. Companies must be ethical and socially responsible.
2. Supplement, botanical and homeopathic manufacturers and distributors must adhere to federal NHPD regulations (as current at the time) and be following GMP standards as they come into effect.
3. All company advertising must be within NHPD or other regulatory body standards and cannot mislead or promise the public un-provable results.
4. Companies must support the goals of the OAND and support the profession of naturopathic medicine in Ontario.
5. Companies must adhere to environmental standards as determined on an ad hoc basis until criterion are determined.
6. Staff of retailers and wholesalers/manufacture/distributors must adhere to the highest ethical standards - this includes the making of claims and in the case of retailers, or 800 lines, understanding the limitations of phone consultations or advisor limitations and making appropriate referrals.

The OAND will review applications for corporate membership and reserves the right to accept or reject membership for any reason.

VISIBILITY • CONNECTION • REWARDS

For more information on the OAND Corporate Membership program or to see if you qualify please contact Ronda Parkes, Program Manager, Corporate Membership and Marketing & Publications by phone 416-233-2001 ext. 28 or by email ronda@oand.org

⁽¹⁾ - Province-wide public opinion poll conducted by Innovative Research Group between March 17 and 23, 2006 suggests that Ontarians are ready and willing to use health care services offered by naturopathic doctors. Full polling questionnaire and response data can be found at www.oand.org.

CORPORATE MEMBERSHIP APPLICATION FORM

Company Name _____

President/CEO _____ Email _____

Marketing Contact _____ Email _____

City _____ Province/State _____

Postal/Zip Code _____ Phone _____ Fax _____

Website _____

NEW MEMBER

RENEWAL

MEMBERSHIP LEVEL

CHAMPION

PATRON

SUPPORTER

CONTRIBUTOR

What type of product/service do you provide? _____

To whom do you provide this product/service? _____

Please outline how your company meets the OAND corporate membership guidelines. _____

For supplement, botanical and homeopathic manufacturers and distributors please provide your NHPD site licence number.

PLEASE ADD GST TO THE PAYMENT AMOUNT.

Please indicate your method of payment: Visa MasterCard Cheque

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____ Date _____

The OAND will review applications for corporate membership and reserves the right to accept or reject membership for any reason.