

Shiatsu Association of Western Canada

Member Applicant Form

Check the boxes you require

Basic Membership \$50

Registered Shiatsu Therapist \$100

Registered Shiatsu Practitioner \$100

Certificate Fee \$30 (Onetime fee upon receiving RST from SAWC)

Admin Fee (joining or rejoining) \$50

Name: _____

(as desired to be displayed on certificate)

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Email address: _____

SAWC requires credentials: please have a photocopy of any certificates obtained or record of hours & school attended.

I _____ will abide by SAWC's Code of Ethics.

(signature)

Date: _____

Fees/Application due from July 1st-Sept. 1st.

Membership year runs July 1st- June 30th

Email completed form to sawc2021@gmail.com

For Admin Use Only

SAWC registration # _____

Board Director _____ Date approved _____