Virginians For Health Freedom



6520 Iron Bridge Rd. STE. G North Chesterfield, Va. 23234 <u>www.virginiansforhealthfreedoms.org</u>

Membership Application

Please complete this application and send it to the above address along with your payment. Membership *requires a yearly renewal* of \$25.00 for dues. Please make checks (\$25 return check fee) payable to Virginians For Health Freedom.

First	Middle Intl	Last Name		
Address				
City:	State	Zip		
Phone:	Email:		Birth Month	Day
Occupation:				
What is your involvement in	n the natural health field?	 		
How did you learn about th	is organization?			
Would you consider serving	g as an officer of this organization	on? Yes No		
Code of Ethics				
Preface				
Virginians For Health Freedo	om (Va4HF) is a non-profit, Virgir	nia-based organization v	vhose purpose is to pro	mote the common
	health practitioners in Virginia as			
•	tive, and advocacy efforts to imp			
	e laws. Virginians For Health Fre			
	vareness and understanding of r			
	other resources. To that end, the			
	at transgress from this code of			
	will not divulge any of your per			
D				
	embers (As a condition of co			o):
	ignity and respect: not exerting u			
	lity: not improperly disclosing per			u mambara
	illegal or unethical actions that is and mission of the organization		the va4mr or their lello	w members;
	I professional activities with hon-		airness and good faith	in a manner that
	ofession and the organization;	esty, integrity, respect, i	airiess, and good faith	iii a iiiaiiiiei tiiat
	regulations in the jurisdictions in	n which the member is l	ocated or conducts any	activities:
	pership or association with Va4H			
	professional and organizational			
	or information that would create			also, misicaamig,
iiiiaiiiiiaisiy, assopiivs,	or information that would croat	o amodoonable expecta		
 Violations of the Cod 	le of Ethics			
Any member of Virginians F	or Health Freedom who has reas	sonable grounds to belie	eve that another membe	r has violated this
code of ethics has a respon	sibility to communicate, in writir	ng, such facts to an offic	er or member of the Bo	ard of Directors of
Va4HF.				
l,		agree to ad	lhere to this code of eth	ics.
(print name)				
Signature		Date		