

Please make cheque payable to: "The Society of Natural and Alternative Health Therapists".

Types of Membership (Please tick appropriate box)

- Corporate Membership \$2000 p.a.  
 Ordinary Membership and Full \$ 120 p.a.  
 Supporter Membership \$ 30 p.a.

- Life Membership \$600 p.a.  
 Associate Membership \$ 60 p.a.

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICIAL USE ONLY**

Proposer: \_\_\_\_\_ NRIC No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Seconder: \_\_\_\_\_ NRIC No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Application Approved/Rejected at the Committee Meeting held on \_\_\_\_\_  
President \_\_\_\_\_ Secretary \_\_\_\_\_  
Subscription Received on: \_\_\_\_\_ Receipt No. and Date: \_\_\_\_\_

## CLASSES OF MEMBERSHIPS

### a) Full Membership

Practitioners with post graduate degrees (MSc, PhD) and satisfy the requirements of Ordinary Membership

### b) Ordinary Membership

Practitioners who have a recognised 3 year degree/diploma in alternative medicine, one other modality and three years of practice.

### c) Associate Membership

Practitioners who do not meet criteria for (b) and students enrolled in a programme.

### Supporter Membership

Anyone above 18 who wishes to join.

### Corporate Membership

For more information, please call:

**Dr Sundardas D Annamalay**  
President

**6323 6652**



THE SOCIETY OF  
**Natural and  
Alternative  
Health  
Therapists**  
**(SONAHT)**  
**(Singapore)**

The Society of Natural and Alternative Health Therapists  
20 Sin Ming Lane, #06-55 Midview City, Singapore 573968  
Telephone: 65-6323 6652

## WHAT IS THE SOCIETY ABOUT?

The Society of Natural and Alternative Health Therapists (SONAHT) is the first professional organization in Singapore for qualified professionals. It is aimed at practitioners who are multi-disciplinary as well as specialists.

The sudden explosion of interest in Natural and Alternative Medicine in Singapore has resulted in a massive growth in the industry. This has had both positive and negative repercussions. On one hand we have increased public awareness. On the other hand the commercialization of the Natural and Alternative Health movement lends itself to increased abuse. The Society (SONAHT) was set up to guard against this, amongst other objectives.

It consists of the most senior Complementary Medicine Practitioners in Singapore.

## THE FOUNDERS OF THE SOCIETY

The founders members of the society include the earliest-local multi-modality practitioners in Singapore. Quite a few of these members hold appointments with foreign colleges and universities in their areas of specialty.

## OBJECTIVES OF THE SOCIETY

The society aims at establishing credibility for Alternative Medicine and the practitioners.

It aims to inform and educate the public.

It also aims to establish links with local and other bodies regarding licensing and other matters.

It will also seek avenues to train, educate and provide undergraduate, graduate and post-graduate programmes for a variety of disciplines in Singapore.

## VISION STATEMENT

The Society will play a leading role in making available high quality information to the public, education opportunity to a broad array of health care professions and research for the scientific community in the field of natural health. The growing public demand for natural health care will continue to fuel the interest among consumers, governments, educational institutions, health care professions and third party payers for credible information, education and research in natural health. Complementary Medicine physicians are among the best qualified professionals to meet these needs. Therefore, the Society will utilize the leadership and participation of the Institute of Natural Therapies (INT) and the accredited and candidate colleges or programs of complementary medicine to facilitate the appropriate involvement of qualified complementary medicine physicians and organizations in activities which support this vision.

### MEMBERSHIP APPLICATION / RENEWAL FORM

#### PERSONAL PARTICULARS

Name: Mr/Miss/Mrs/Dr \_\_\_\_\_

Date of Birth \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Home/Office Tel.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Job Designation: \_\_\_\_\_

ACADEMIC AND PROFESSIONAL QUALIFICATIONS (Please attach copies of certificates)  
Qualifications \_\_\_\_\_  
Country \_\_\_\_\_

Year Obtained \_\_\_\_\_