



# Health Coach Association

## Renewal Application

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Province/Code: \_\_\_\_\_

Best Phone Number to Reach Me: \_\_\_\_\_

Email Address I Check Often: \_\_\_\_\_

\_\_\_\_\_ I am renewing my Large Education Organization. Fee \$397.50

\_\_\_\_\_ I am renewing my Small Education Organization. Fee \$297.50

\_\_\_\_\_ I am renewing my Professional Membership. Fee \$197.50

\_\_\_\_\_ I am renewing my Associate Membership. Fee \$167.50

\_\_\_\_\_ I enclose my membership fee or warrant I paid by credit card

\_\_\_\_\_ I warrant I am licensed as a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I warrant I am certified as a \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to: 800-838-1931, or Email to: [ntapriority@gmail.com](mailto:ntapriority@gmail.com), or

Mail to: PMEAA, 2311 US Highway 70 #512, Swannanoa, NC 28778