

Natural Health Resource Alliance

5508 Pinta Court, Coeur d'Alene, Idaho 83815

September, 2003

Dear Friend:

People want choices. Providing information about a wide variety of health care options allows individuals to make educated decisions regarding their health care. As people look for ways to get and stay healthy, the use of complementary wellness modalities is increasing. Where can individuals go to find these services? That is the purpose of our letter. We invite you to become involved in an alliance of dedicated doctors, therapists and providers who are seeking to support our community by serving as an educational resource to those exploring the wellness options available in our area. Our mission is to bring practitioners of holistic or complementary health care together to serve as an educational resource for the public and ourselves and to advocate freedom of choice in health care.

We currently meet every month on the second Wednesday at noon (bring a sack lunch) at Reiki Healing Arts (1620 B NW Blvd., behind the Cd'A Bank building in Coeur d'Alene). We meet to network with each other and to continue discussions about how to most effectively increase awareness of our practices and wellness modalities. We currently have a web site, publish a 4-page newsletter (which is distributed locally to businesses and offices), are listed in the North Idaho Health Guide, have created a Speakers' Bureau, and participate in health fairs. We invite all *supporting* members to submit articles, quotes, or notices of upcoming events that can be included in the newsletter. Members at the *basic* level can submit an article along with a \$5 fee to help offset the cost of printing this publications. At present, all newsletter information is sent to Joel Hall. Articles are limited to a half page of typed, single-spaced material.

Our present dues structure has two levels: basic membership is \$25 yearly and supporting membership (no extra fee for newsletter articles) is \$45 yearly (year starts in January).

Are you interested? If so, please complete the following questionnaire and application for membership. If you have a preferred biography (other than what we ask of you) that you would like to see listed on our web site, please type or print that on the back of the membership application. Bring both the questionnaire and application to an upcoming meeting or mail to NHRA along with your check for \$25 or \$45. We look forward to meeting you.

The members of NHRA

Natural Health Resource Alliance
Membership Application Form
(please type or print in black ink)

Name: _____ Date: _____
Home Address: _____
Name of Business: _____
Business Address: _____
Phone Numbers: Home: _____ Cell: _____ Office _____
Fax: _____ email: _____ Web site: _____
Your healing modality(ies): _____
State/City licenses: _____
National certifications: _____
College/University Degrees: _____

Please Provide a one paragraph biography in the space below. Include education, training, and work experience. Thank you.

Signature: _____

(Please return completed form to NHRA, 5508 Pinta Court, Coeur d'Alene, Idaho 83815)

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My name: _____ Date: _____

Mailing address _____

Daytime phone: _____

I am potentially interested in: (check all that apply)

- ___ being listed in the resource guide.
- ___ advertising in the newsletter.
- ___ submitting articles for the newsletter.
- ___ teaching workshops or other classes.
- ___ speaking at local business/interest group meetings.
- ___ having a booth at the yearly exposition.
- ___ writing articles for newspapers.
- ___ forming a practitioner support group.
- ___ answering health care queries on a group web site.
- ___ answering health care queries via regular mail.

Best time for me to attend a monthly meeting: _____

Other comments: _____
