

INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY APPLICATION

Which of the following classifications of membership correspond to your situation?

Affiliate Member (groups, organizations, or companies)

\$250 per year -- Groups, organizations, or companies who want to support the growth of colon hydrotherapy and the goals of this Association are invited to become Affiliate Members of I-ACT. Affiliate Members subscribe to I-ACT's ethical and professional guidelines, have one vote, receive a newsletter subscription and can designate a representative to serve on committees. Affiliate Members are not eligible to serve as an officer or a member of the Board of Directors.

Full Member (Professional colon hydrotherapist) How did you hear about I-ACT _____

\$150 - {International Members pay \$125 – U.S. funds}

(Please provide a passport size picture) -- Professional colon hydrotherapists are welcome to join I-ACT as Full Members. A Full Member has one vote, receives a newsletter subscription and is eligible to serve as an officer, member of the Board of Directors, or on committees. Dues are required annually. Membership will lapse if dues are not paid in a timely manner.

Donating Member (clients, health care practitioners, family, friends)

\$35 or \$_____ or _____ Goods and Services (please specify)

Individuals who want to support the growth of colon hydrotherapy and the goals of this Association are encouraged to join I-ACT as Donating Members. A Donating Member receives a newsletter subscription, can serve on committees or advisory boards, but is not eligible to vote or serve as an Officer or member of the Board of Directors.

Patron Member (clients, health care practitioners, family, friends)

\$75 or \$_____ or _____ Goods and Services (please specify)

Individuals who want to support the growth of colon hydrotherapy and the goals of this Association are encouraged to join I-ACT as Patron Members. A Patron Member receives a newsletter subscription, other communications from the office and other Patron Member benefits. He/she can serve on committees or advisory boards, but is not eligible to vote or serve as an Officer or member of the Board of Directors.

Enclosed is my payment of \$_____ by Check Mastercard Visa

Signature _____ Today's Date _____

Cardholder's Name _____

Credit Card # _____ Credit Card (3 or 4 digit code) _____

Expiration Date _____ (Visa, Mastercard, or American Express only)

Name to appear on Membership Certificate _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____ Country _____

Name of Business _____

Business Address _____

City _____ State _____ Zip _____ Country _____

Home Phone () _____ Business Phone () _____ Fax Number () _____

Please tell us about yourself:

Membership in Other Organizations _____

Skills, Hobbies & Interests _____

Have you ever been convicted of a felony or other misdemeanor, please describe: _____

If you are a colon hydrotherapist, please answer the following questions:

When did you begin working as a colon hydrotherapist? _____

How many clients per week do you currently see? _____ What type of equipment do you use? _____

What complementary modalities do you use? (e.g., massage, iridology)? _____

Please describe your education and training in colon hydrotherapy: _____ Page 1 of 2

I-ACT Policy Statements

I-ACT recommends the use of currently registered FDA equipment and only disposable speculums, rectal tubes, or rectal nozzles. However, should the Therapist use reusable speculums, these speculums should, at a minimum, be autoclaved for sanitation and cleanliness (30 minutes). Additionally, the autoclave unit must be tested and inspected by competent authority at least four times per year- maintain documentation. (Under NO conditions should a disposable speculum or rectal tube be reused).

I-ACT recognizes the FDA classifies equipment used to instill water into the colon through a nozzle inserted into the rectum to evacuate the contents of the colon into three distinct classes; Class I (Enema Kits), Class II and Class III are (Colon Irrigation Systems). Follow the guidelines of your manufacturer, as approved by the FDA for the type of equipment (devices) you are using. Make no claims as to the use of your device other than those approved by the FDA. The FDA requires Class II devices to be sold on or at the order of a physician or healthcare practitioner. This may be different in each state. Ensure you are in compliance with your local, state, federal and country guidelines. Ensure equipment you purchase is cleared for use in your country.

I-ACT recognizes there are two distinct types of colon irrigation systems; open and closed systems. However, it is I-ACT policy that the colon hydrotherapist / technician is always in attendance / or is immediately available to the client throughout the session. The degree of assistance is to be in compliance with the instructions of the manufacturer of the equipment as registered with the FDA, and/or as directed by a physician.

The policy on insertion is to follow the instruction of the referring physician; the guidelines of the manufacturer as approved by the FDA; or the directives from the authority of your city, county, state, or country ordinances.

I-ACT recommends that you do not put the initials (CT) for colon hydrotherapist after your name, write it out in full. According to most state laws, putting initials after your name is not allowed unless you are licensed or have a degree from an accredited professional school.

Advertising copy which states or implies that colon hydrotherapy can treat any disease, promise cure for any disease, or that makes unsubstantiated medical claims SHALL NOT be used.

Additionally, I-ACT recommends each therapist not using FDA registered equipment consider upgrading their equipment to FDA registered equipment in the very near future.

I acknowledge the I-ACT policies and agree to comply with all I-ACT policies. I understand that failure to comply with the policies listed above may result in my removal from the association.

Signature of Applicant *** required for all applications***

Date of Application

STOP!!! All applications to I-ACT MUST include a photograph for our file... by signing this application, the applicant certifies that they have read the I-ACT By-Laws and Standard Operating Procedures, Regulations and Guidelines and the statements below, and will comply with the information contained in them.

Information for all new members outside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a practitioner licensed by state law to use such devices in that state. A colon hydrotherapist must be supervised by such a practitioner to use a colon irrigation device and must have a written order on file for each procedure from a practitioner licensed by state law in the state where the procedure is to be performed.”

Information for all new members inside of Texas:

“Colon irrigation devices are prescription devices and their purchase must be authorized by a physician licensed by the Texas Board of Medical Examiners. A colon hydrotherapist must be supervised by such a physician to use a colon irrigation device and must have a written order on file for each procedure from a physician licensed by the Texas Board of Medical Examiners.”

Signature of Applicant *** required for all applications***

Date of Application

All applications to I-ACT require a sponsor. The sponsor must be a Full Member in good standing of I-ACT. No Sponsor? Contact the I-ACT Home office (210) 366-2888 for assistance.

Signature of Sponsor *** required for all applications***

Sponsor's I-ACT Membership #

Thank you. Your application will be reviewed for membership and you will be notified promptly.

Return this form with your current resume, picture, and payment to:

I-ACT, P.O. Box 461285, San Antonio, TX 78246-1285