

**THE ASSOCIATION FOR THERAPEUTIC HEALERS
FULL MEMBERSHIP APPLICATION FORM 2012**

Please send completed form to:

ATH Membership Secretary, 110a Alexander Road, Islington, London, N19 4JN

Tel: 020 7263 5266

e-mail: enquiries@healers-ath.org

Please refer to 'Applying for Membership' for the payment which should accompany this application.

Membership subscriptions are renewable annually on 1st March

NAME:

ADDRESS:

POST CODE:.....

TEL. Home.....**Work****Fax**

Mobile **Email address**

OCCUPATION/PROFESSION

Areas of specialisation (if appropriate):

MEMBERSHIP OF OTHER ASSOCIATIONS:.....

HEALING EXPERIENCE & TRAINING

Please include copies of all relevant Certificates/Diplomas with your application.

THERAPEUTIC SKILLS - Training or work experience; Qualifications & dates.

Please include copies of all relevant Certificates/Diplomas with your application.

SIGNATURE.....**DATE**.....

PROPOSER'S SIGNATURE:

Relationship to applicant.....

SECONDER'S SIGNATURE:

Relationship to applicant.....

Please indicate if you wish to be included on the ATH Public Register (details overleaf).....

Please indicate if you wish to be included on the Members' Networking List
(circulated to members only)

Do you wish to be listed on the ATH Website?

Continued overleaf

ATH: FULL MEMBERSHIP APPLICATION FORM (2)

This information will be printed in the ATH Public Register of Healers and will be available to the public. Healers are listed by county or London postal district.

Name:.....

County or London Postal District:.....

Telephone Number **Email address**

Please list areas of specialisation other than healing (up to 3 specialties may be listed in the Public Register)

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.....

For therapies listed above I am insured through

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(Note: Membership includes you in the CHO group insurance policy through ATH)

Do you do Home Visits? **Range of Fees:**

The following section is confidential and for ATH records only:

YOUR WORK: Briefly state the nature of your work.

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.....

Please write a few words on your philosophy of healing.

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.....

How long have you been practising as a healer?

How many clients do you see each week for

Healing: **Other Therapy:** **Mixed Therapies:**

Is there anything else you would like to say about yourself?

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Please note that by signing this application for Full Membership with the ATH, you are agreeing to comply with the ATH Code of Conduct and Ethics, and the ATH requirements for annual CPD (Continuing Professional Development).

SIGNATURE: **DATE:**

Interviewed on: **By:**