

**THE ASSOCIATION FOR THERAPEUTIC HEALERS  
STUDENT PRACTITIONER MEMBERSHIP APPLICATION FORM 2012**

Please send the completed form to:

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

Tel: 020 7263 5266

e-mail: [enquiries@healers-ath.org](mailto:enquiries@healers-ath.org)

*A payment of £65 should accompany this application, £30 of which is non-refundable.*

**\*Name:**.....

**Address**.....

..... **\*Post Code**.....

**Phone: \*Home**..... **Work**..... **Fax**.....

**\*Mobile**..... **\*Email address**.....

**MEMBERSHIP OF OTHER ASSOCIATIONS:**.....

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**\*RECOGNISED ATH COURSE:**.....

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**OTHER THERAPEUTIC SKILLS - Training or work experience; Qualifications & Dates:**

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

*Please note that Student Members do not appear on the Public Register and may not advertise their membership of ATH as proof of competency.*

[In making this application, I agree to comply with the ATH Code of Conduct and Ethics](#)

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

**\*FACILITATOR'S SIGNATURE**.....

**\*FACILITATOR'S PHONE**..... **E-MAIL**.....

*This application form must be accompanied by a covering letter from your school or college on headed stationery, confirming that you are currently a student on the full training, and signed by the principal or facilitator. Also include photocopied certificates from any other therapeutic skill in which you are qualified.*

*Fields marked with \* are mandatory*