



## THE ASSOCIATION FOR THERAPEUTIC HEALERS

### STUDENT MEMBERSHIP APPLICATION FORM

This application form must be accompanied by a covering letter from your current training establishment and on headed stationary, confirming that you are currently a student on their training, and signed by principal or facilitator. Also include photocopied certs from any other therapeutic skill in which you are qualified.

**NAME:**

**ADDRESS:**

**POST CODE**

**TEL: Home:**

**Work:**

**Mobile:**

**Email address**

**Website:**

**COURSE NAME**

**WHAT YEAR ARE YOU IN?**

**WHEN WILL YOU COMPLETE YOUR COURSE?**

**WHAT WILL BE YOUR QUALIFICATION?**

**DO YOU HAVE OTHER THERAPEUTIC SKILLS**

HAVE YOU READ THE ATH CODE OF CONDUCT AND ETHICS?

YES NO

Please indicate if you wish to be included on the Members Networking List

Yes No (This is 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

YOUR SIGNATURE:

DATE:

In making this application, I agree to comply with the ATH Code of Conduct and Ethics

COURSE FACILITATORS NAME:

CONTACT DETAILS

FACILITATORS SIGNATURE:

DATE:

Please send completed form and fee for £65 to include admin costs. If you are not accepted a fee of £10 will be retained to cover admin costs.

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

To pay by BACs: Barclays Bank  
Sort Code: 20-67-90  
Acc No: 83753050

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

Membership subscriptions are renewable annually on 1<sup>st</sup> April

HAVE YOU INCLUDED ALL OF THE RELEVANT DOCUMENTS?

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