



THE ASSOCIATION FOR THERAPEUTIC HEALERS

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please read 'Applying for Membership' and 'Membership Criteria' Documents before completing the Application Form.

Name:

Address:

Post Code:

Phone - Home

Mobile:

Email:

Web:

OCCUPATION/PROFESSION:

Areas of Specialisation (if appropriate)

MEMBERSHIP OF OTHER ASSOCIATIONS

HEALING EXPERIENCE AND TRAINING THERAPEUTIC SKILLS - Training or work experience; Qualifications & Dates:

How Many Clients do you see?

Why do you wish to join ATH as an associate member?

Are you considering in the future that you may wish to apply for Full Membership of ATH?

Please let us know if you wish to receive the ATH Healing Only Indemnity Insurance.

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

Please note Associate Members may not appear on the Public Register and may not advertise their membership of ATH as proof of competency.
Associate members are limited to working with 2 clients a week.

Have you read the ATH Code of Conduct?

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

SIGNATURE.....DATE.....

MEMBERSHIP PROPOSED BY

MEMBERSHIP SECONDED BY

Please send the completed form and cheque to:

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

If you wish to pay by BACS please contact us.

Contact ATH e-mail: enquiries@healers-ath.org