

Association of Universal Healers & Spiritualists

Registered Charity 1014604

99 Wealcroft, Leam Lane, Gateshead NE10 8LN



Application for **Registered Healing** Membership

(***To be discussed at the Executive meeting once all referees have replied, before approval***)

Name _____ Mr/Mrs/Miss/Ms. Date of Birth _____

Address _____

Post Code _____ Email _____ Tel. No. _____

District Health Authority _____

If you are already a member of the AUHS state Membership No _____

To be completed by the Healing Leader who *CANNOT act as a reference on the reverse of this application*

I _____ of _____
hereby support this person's application to become a Certificated Healer of the Association of Universal Healers and Spiritualists. I confirm he/she has completed 90 training sessions tuition.

Date _____ Signed _____

In the event that you are transferring from another Healing Association please state which association and your membership number, and indicate how long you were a member.

Proof of status of training should be attached to this application form (e.g. certificate). **You will be required to complete a minimum 6 months transfer period under a recognised Healer Leader**

Please state overleaf the names and addresses of **three additional** persons who can attest to your Healing abilities.

If you are not member of a church or healing group, please attach statements from two certificated healers of the Association supporting your application.

I agree to abide by the Code of Conduct and Practise as laid down by the Association and any other rules or amendments that may be issued from time to time.

I wish/do not wish* to pay future subscriptions by standing order from my bank. Please send me further details. *Please delete as appropriate

Signature of Applicant _____ Date _____

Membership is for one year and must be renewed within 4 weeks of the expiry date shown on your I.D.Card.

FEES: & Instructions:

Existing members upgrading from AUHS probationer healer **£10.**

Please return this form with the appropriate fee and TWO photos to your Healer Leader, who will forward to the President. Cheques to be made payable to the "Association of Universal Healers and Spiritualists"

New Members applications £55 (OAPs £50). Please send cheque, this form & 2 photos direct to Vice President (South) Mrs Angela Farrall, 107 Wadsley Lane, Hillsborough, Sheffield, S. Yorkshire S6 4EE (Continued overleaf)

APPLICATION FOR REGISTERED HEALING MEMBERSHIP (continued)

Please give the names and addresses of three people who can attest to your Healing abilities, **none** of whom should be Healer Leaders of the AUHS, nor should they be your close relatives. Additionally you cannot use the person already named on the front of this form.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THE SUPPORT OF YOUR HEALER LEADER (overleaf) AND ONLY AFTER YOU HAVE COMPLETED THE CORRECT TRAINING/TRANSFER PERIOD.

PLEASE COMPLETE IN BLOCK CAPITALS

Name _____ Mr / Mrs / Miss / Ms

Address _____

_____ Post Code _____

Name _____ Mr / Mrs / Miss / Ms

Address _____

_____ Post Code _____

Name _____ Mr / Mrs / Miss / Ms

Address _____

_____ Post Code _____

I WOULD LIKE TO HAVE MY NAME ON THE HEALER'S REGISTER Yes / No

NAME OF AREA HEALTH AUTHORITY _____

I have asked the above people if they would be willing to act as references for this application, and advised them that an authorised member of the Association WILL contact them. They have each received healing from me.

Signature of applicant _____ Date _____

For Official use only Approved / Not Approved Membership No. _____

Signed _____ Date _____