

Association of Universal Healers & Spiritualists

Registered Charity No. 1014604

99, Wealcroft, Leam Lane, Gateshead NE10 8LN



Application for Probationer Healer Membership

Name _____ Date of Birth _____

Address _____

Post Code _____

Phone No. _____ Email _____

Please state the name and address of your AUHS Group Healer Leader who supports this application

Name etc., _____

Post Code _____ Tel No. _____

Please answer the following questions:

- 1) Have you read the Code of Conduct, Rules and Guidance for Healers and the terms and conditions of the Insurance cover provided by the Association?
- 2) Where will you practise your Healing gift under supervision?
- 3) AUHS have always supported disabled applicants; please let us know now if you require the provision of adapted course material or the help of *one* authorised assistant; enabling AUHS to advice you how we can help and then prepare your adapted course material accordingly.

Require assistance: YES/NO

Address _____

I enclose £55.00 (OAPs £50.00) in respect of Probationer Healer Membership of the Universal Spiritualist Association and Insurance cover for one year.

I enclose two photographs of myself for an I.D. Card (**signed on the back**)
I understand that my Probationary Membership will be for a **minimum** of 2 years (Attending a minimum of 90 sessions) and that my healer leader may then apply for full Certificated Healer status on my behalf. *If you are already a full healer with another AHA affiliated group you will be required to complete 6 months probationer with an affiliated Healer Leader before receiving an Association Certificate.*

Signed _____ **Date** _____

Please return this to your Healer Leader who will forward to the Membership Secretary or post to Membership Secretary Mr John Lucas, 3 Sunnyside Terrace, Laxey, Isle of Man IM4 7EE

**N.B. Do not forget to include the full remittance and two photographs.
Cheques to be made payable to the "Association of Universal Healers and Spiritualists"**

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

Signed _____ Date _____

Name of member's Healer Leader _____