

**THE ASSOCIATION FOR THERAPEUTIC HEALERS
ASSOCIATE 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

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

Name:.....

Address.....

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

TEL: Home..... **Work**..... **Fax**.....

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

OCCUPATION/PROFESSION:.....

Areas of Specialisation (if appropriate):.....

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MEMBERSHIP OF OTHER ASSOCIATIONS:.....

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HEALING EXPERIENCE AND TRAINING:.....

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

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

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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 Associate 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**.....

MEMBERSHIP PROPOSED BY

MEMBERSHIP SECONDED BY