Bristol District Association of Healers

Registered Charity No. 247842

Member of the Healer Practitioner Association International (HPAI)

ANNUAL MEMBERSHIP RENEWAL FORM

1st November 2015

Name _____ **Membership Number** _____

Please tick relevant box

☐ **I do not wish to renew my membership**

☐ **I am currently available to provide healing for referrals**

☐ **I will require a receipt**

I ENCLOSE A POSTAL ORDER/CHEQUE MADE PAYABLE TO BDAH (NO CASH PLEASE)

☐ **Full/Student Member with HPAI Insurance £22.00**

☐ **Full Member with own Insurance £17.35**
Please state with whom you are insured _____
Expiry date _____

☐ **Therapist Member £12.00**
Please state with whom you are insured _____
Expiry date _____

☐ **Associate Member £7.00**
Non-healing, receiving magazine

☐ **Honorary Member £5.00**

☐ **I do not wish my contact details made public.**

Signature _____ **Date** _____

Please return this form with your postal order/cheque, insurance declaration form and if preferred an updated passport-sized photo to: -

David Lindsey
BDAH Membership Secretary
10 Willowpool.
Cote Lane
Bristol
BS9 3FD

NOTE: - If subscriptions are not paid by December 31 this year, this will incur a default fee of £10.00 in the New Year when we have to forward our membership fees onto the HPAI.
Please use the reverse of this form to advise us of any changes to your personal details.

CHANGE OF DETAILS

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

Change of Title _____

Change of Name _____

Change of Address _____

_____

_____

_____

_____

Post code _____

Tel _____ **(Mob)** _____

e-mail _____

With effect from _____

PLEASE ADVISE BELOW ANY CHANGES TO OR ADDITIONAL HEALING SERVICES/MODALITIES NOW OFFERED

Copies of certificates must be provided

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