



Bristol District Association of Healers

Registered Charity No. 247842

Member of Healer Practitioner Association International (HPAI)

Application for THERAPIST MEMBERSHIP

To become a **Therapist Member** of the **Bristol District Association** you must send a copy of your training certificate. As a member you will receive our magazine together with any information on future events. Your name will be advertised in our magazine together with your particular form of therapy.

Note: you are not permitted to give hands on healing to anyone in the name of Bristol District Association unless you have been assessed as competent. You can obtain insurance cover for your relevant therapy if it is on the multi band insurance form and you pay the premium. You may be required to provide your training notes.

PLEASE COMPLETE THE FOLLOWING IN BLOCK LETTERS

Mr / Mrs / Miss / Ms / Other _____

Surname _____ First name _____

Address _____

Town _____ County _____ Post code _____

Tel: _____ Date of Birth _____

e-mail _____ Therapy _____

Please state where you normally practice. _____

_____ Tel: _____

I enclose a cheque for £12.00 this being for my first year of membership which will be returned to me if I am not elected. Subscriptions are renewable by October 1st annually. I enclose a passport- size photograph.

Signature _____ Date _____

Return to: David Lindsey
10 Willowpool
Cote Lane
Bristol BS9 3FD

email: [BDAMembership Secretary](mailto:BDAMembershipSecretary@bdahealers.org)

Office use: Approved. Date _____ Membership number _____