

# Bristol District Association of Healers

Registered Charity No. 247842

Member of Healer Practitioner Association International (HPAI)

## Application for **TRAINEE HEALER MEMBERSHIP**

COPIES OF OUR CONSTITUTION AND CODE OF CONDUCT WILL BE SENT TO YOU WHEN YOU HAVE RETURNED THIS FORM AND YOUR APPLICATION HAS BEEN ACCEPTED BY THE MEMBERSHIP COMMITTEE. FOR YOUR INSURANCE TO BE VALID IT IS MOST IMPORTANT THAT THESE CONDITIONS ARE ADHERED TO.

PLEASE SEND A PASSPORT STYLE PHOTO OR SIMILAR  
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 \_\_\_\_\_

Other Therapies \_\_\_\_\_

Do you intend to train with a member of Bristol District Association? YES/NO  
If 'YES' please give the name of the member you will train with.

\_\_\_\_\_

If 'NO' state where and when you intend your training to take place and also the name of the Healer who will train you.

Does the Healer belong to another Healing Organisation? YES/NO  
Give details: \_\_\_\_\_

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

Include a cheque for £22 to BDAH

Office use: Approved. Date _____ Membership No. _____
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