

SECTION H:

Please give full details of any other therapy /therapies you practise, including qualifications, and any other relevant information you may wish the Executive Committee to consider.

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The Executive Committee considers applications in conjunction with all relevant information received, and may wish to arrange for the applicant to be interviewed. An application may be accepted or rejected by the Committee without their giving any explanation for so doing.

For Office Use Only

This application has been approved by the Executive Committee.

Signed.....Date.....

Signed.....Date.....

Allotted Membership Number.....



THE JEWISH ASSOCIATION OF SPIRITUAL HEALERS
(Non Denominational)
Registered Charity No. 275081
Founder Member of the British Alliance of Healing Associations

Chairman: Stephen Sharpe, 22 Boldmere Road, Eastcote, Pinner Middlesex HA5 1PS - Tel: 020 8866 9332

Web site: www.jashhealing.com E-Mail: jashhealing@hotmail.com

Patrons: Ramus and Joan Branch: Aubrey Rose CBE.

APPLICATION FORM FOR FULL HEALER MEMBERSHIP

Please PRINT your information in the spaces provided, and send your application form to the Jewish Association of Spiritual Healers at the above address.

Name.....Title.....

Surname.....

Address.....

.....Post Code.....

Telephone.....Mobile.....

E-mail.....

I hereby apply for membership of the Jewish Association of Spiritual Healers as a fully qualified healer. If accepted I agree to abide by the Constitution, Rules and Notes of Guidance issued from time to time by the Association. I also confirm that I have read and agree to abide by the Code of Conduct issued by the Jewish Association of Spiritual Healers in conjunction with the British Alliance of Healing Associations. I DO NOT HAVE ANY CURRENT OR UNSPENT CRIMINAL CONVICTION.

Signed.....Date.....

I enclose a Cheque/Postal Order for £43 being registration fee of £20 (which I understand is non-refundable) and my first years Membership fee of £23 (which I understand will be returned if I am not accepted).

Membership renewal fees are due on 1st January annually

THE FOLLOWING SECTIONS MUST BE COMPLETED: SECTION 'A' OR 'B' BY THE SPONSORS OF THE APPLICANT: SECTIONS 'C' TO 'H' BY THE APPLICANT

SECTION A:

The applicant is recognised by the under mentioned Synagogue, Church, Society or Healing Group as a practising healer.

Signed.....

To be signed by the Minister or President of a recognised Synagogue, Church, Society or by the Leader of a recognised healing group, who is personally acquainted with the applicant.

Name of Group or Society etc.

Address.....

..... Post Code.....

SECTION B:

To be completed by two Full Healer Members of the Jewish Association of Spiritual Healers or by two Full Healer Members of an Association within the British Alliance of Healing Associations or registered with the UK Healers.

The Applicant is known to us as a practising healer and is recommended by us as a suitable person to become a full healer member of the Jewish Association of Spiritual Healers.

Signed.....Telephone

Association.....Membership No.....

Signed.....Telephone No.....

Association.....Membership No.....

SECTION C:

I hereby declare that I am a practising healer, having commenced healing in.....

And have received training for the practise of healing from.....

SECTION D:

I practise healing at.....on.....day from.....am/pm

Also at.....on.....day from.....am/pm

I am/am not willing to visit patients if requested to do so

SECTION E:

Please supply the names and addresses of FOUR patients who will, when asked, complete a confidential testimonial that each has received benefit from your services as a practising spiritual healer, and return same to the Association.

(CAPITAL LETTERS ONLY PLEASE)

PATIENT'S NAME	ADDRESS	POSTCODE
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1)

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2)

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3)

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4)

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SECTION F:

Should you already be, or previously have been a member of any other healing organisation, please give details.

I am / was a member of.....

Having joined in.....and my Membership No is / was.....

SECTION G:

Upon becoming a member of the Jewish Association of Spiritual Healers I do /do not wish to be considered by the Executive Committee for inclusion in the local registers of healer members available for co-operation with the District Health Authority and Family Practitioner Committee