

**SECTION F:**

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

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

Having joined in .....My membership number is/was.....

**SECTION G**

Please give details of any other therapy /therapies you practise including qualifications and any other relevant information you 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 for Student Membership to the Jewish Association of Spiritual Healers may be accepted or rejected by the Executive Committee without their giving any explanation for doing so.

*For Office Use Only*

This application has been approved by the Executive Committee.

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

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

Allocated Student 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](http://www.jashhealing.com) E-Mail: [jashhealing@hotmail.com](mailto:jashhealing@hotmail.com)

Patrons: Ramus and Joan Branch: Aubrey Rose CBE.

**APPLICATION FORM FOR STUDENT 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 student 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' OR 'D' AND SECTIONS 'E' TO 'G' BY THE APPLICANT

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**SECTION A:**

The applicant is recognised by the under mentioned Synagogue, Church, Society or Healing Group as being suitable for student membership.

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.....

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**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 and is recommended by us as a person suitable for student membership of the Jewish Association of Spiritual Healers.

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

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

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

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

**SECTION C:**

I hereby declare that I desire to develop the gift of Spiritual Healing. I am at present assisting in the work of healing being carried out by:

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.....  
.....

Please give the name of the group or healer and the name of the place where you assist.

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

Date of Birth .....

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**SECTION D:**

I hereby declare that I desire to develop the gift of Spiritual Healing.

I am not at present associated with any healing group or healer.

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

Date of Birth .....

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**SECTION E:**

I have regularly assisted in healing at .....

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on .....day from ..... am/pm