

Thank you for your inquiry. We would like some initial information in order for us to commence the Application Process. Please complete this form in capitals using black ink and return to: The Secretary (Address Below).

INITIAL INQUIRY FOR MEMBERSHIP OF THE COMPLEMENTARY HEALING ASSOCIATION		
Full Name:		Title:
Address:		
		Post Code:
Telephone:		
Email:		
DETAILS OF YOUR TRAINING		
Training Organisations Name:		
Address:		
Healer No:		
Training Commenced Date:		
Training Completed Date:		

I confirm that the above information is correct to the best of my knowledge.

Signed: Date:

**THE COMPLEMENTARY
HEALING ASSOCIATION**

Please Scan/Photo and return to:

Email: cha.broadband@gmail.com

