



International Association of Chiron Healers Inc. ABN 12 650 790 270
P.O.Box 576
Nambour QLD 4560 Australia
Phone / Fax: (Int.) +61 + 7 + 5441 6534
E-mail: secretary@iachi.com

APPLICATION for CHIRON HEALING® ASSOCIATE MEMBERSHIP

- Any person who has completed a **Chiron Healing® Level 1** seminar may join as an Associate Member.
- Associate members receive all editions of the I.A.C.H.I. newsletter for the current year and are entitled to vote and hold office.
- Nominations to be completed by two (2) Association members or one (1) Association member and one current character reference written in English.

Please ensure each section of this form is completed and responses are

PRINTED CLEARLY IN ENGLISH.

CHECK LIST (please tick as you check and complete each item listed.)	Page
<input type="checkbox"/> Personal Details	1
<input type="checkbox"/> Membership Category	1
<input type="checkbox"/> Signed Nomination (character reference included if required)	2
<input type="checkbox"/> Chiron Healing® Level 1 course attended	2
<input type="checkbox"/> I have read and understood the Refund Policy.	2
<input type="checkbox"/> Signed membership declaration	2
<input type="checkbox"/> I have attached a Copy of Chiron Healing® Level 1 course certificate or attendance certificate.	2
<input type="checkbox"/> Copy of Chiron Healing® Level 1 course certificate or attendance certificate have been witnessed & certified by a Justice of the Peace to the effect that: "This is a true copy of the original document".	2
<input type="checkbox"/> I have completed the payment details section and attached my application fee.	2
<input type="checkbox"/> I have read and completed the above 'Check List'.	1

Please Note: It is important that this application form is completed in full and copies of all required documentation submitted. **Incomplete applications are unable to be processed** and will need to be returned to the applicant for completion.

Personal Details (all applicants must complete)

Name in full: _____
Address: _____
Town: _____ State: _____ Postcode: _____ Country: _____
Birth Date: Day _____ Month _____ Year _____ Gender (please tick one): Male Female
Telephone (B/H): () _____ Telephone (A/H): () _____
Mobile: _____ Fax: () _____
E-mail: _____

Membership Category Required (all applicants must complete)

Please tick one:

This is a : New application Upgrade from Newsletter membership

If 'Other' please give details: _____

Nomination (to be completed by two Association members Or by one Association member & one current character reference written in English.)

I, _____ a member of the International Association of Chiron Healers Inc., nominate the applicant, who is personally known to me, for membership of the Association.

(Please PRINT NAME in full)

Signature of Proposer: _____ **Date:** _____ **Membership Number:** _____

I, _____ a member of the International Association of Chiron Healers Inc., nominate the applicant, who is personally known to me, for membership of the Association.

(Please PRINT NAME in full)

Signature of Seconder: _____ **Date:** _____ **Membership Number:** _____

Please tick one: Character Reference attached? Yes No

Chiron Healing® Level 1 course attended (All Associate Membership applicants must complete)

Name of Qualified Teacher	Location (City, Country)	Date

Refund Policy

In the event of this application not being approved for any reason whatsoever, 25% of the pre-paid application fee will be retained by I.A.C.H.I. to cover administration costs

PAYMENT DETAILS (all applicants must complete)

PAYMENT IS REQUIRED AT TIME OF APPLICATION

FEE: (Full membership year runs from 1st July - 30th June.)

*\$AUS55.00 for Associate membership *\$AUS25.00 UPGRADE Friend to Associate membership

PRO-RATA FEE: (Applies from 1st January to 30th June each year)

*\$AUS30.00 for Associate membership *\$AUS15.00 UPGRADE Friend to Associate membership

(GST is NOT included - I.A.C.H.I. is not registered for GST.)

ALL PAYMENTS IN AUSTRALIAN CURRENCY.

Please make cheques payable to: "I.A.C.H.I." or the "International Association of Chiron Healers Inc."

Please find enclosed my: Cheque Money Order

Or charge my credit card: MasterCard Visa

Card No.: _____ Expiry Date: _____ / _____

Name on Card (print): _____ Signature: _____

Declaration (To be completed by all applicants.)

Please read the following carefully and sign below.

I hereby declare that to the best of my knowledge the information provided in this application is true and correct. In the event of my admission as a member, I agree to read and abide by the Rules of the International Association of Chiron Healers Inc. In the event that my application is not approved for any reason whatsoever, I understand that 25% of the pre-paid application fee will be retained by I.A.C.H.I. to cover administration costs.

Please tick one of the following boxes:

- I **would** like to be placed on a mailout list to receive additional information on upcoming seminars, courses & events in my area.
 I **would not** like to be placed on a mailout list to receive additional information on upcoming seminars, courses & events in my area.

Date: _____

(Signature of applicant)

Please return your completed application form and payment to:

The IACHI Secretary, PO Box 576, Nambour, QLD Australia 4560.

(PLEASE NOTE THAT AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED!)