



International Association of Chiron Healers Inc. ABN 12 650 790 270

PO Box 576,
Nambour QLD 4560
Australia

I.A.C.H.I. PUBLICATION AUTHORITY FORM

Member Name: _____
(Insert your full name here)

Membership Type: Practitioner Practitioner & Teacher

Membership Number: _____
(as listed on your IACHI membership certificate/s)

I _____ hereby give permission for I.A.C.H.I. to
(Insert your full name here)

publish my contact details in the following official IACHI documents:

- Official IACHI website Official Members Directory (when available)
 Any other official public IACHI Advertising or documents (as required)

Contact Details: (Complete fields below - those fields with a * are **Required** to be completed!)

Country*: _____ State*: _____ Suburb/Town*: _____

Phone: _____ Fax: _____ Email: _____

Members Signature

_____/_____/_____
Date



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