



**International Association of Chiron Healers Inc. A0040298F** ABN 12 650 790 270  
Registered Office: 1002 Lydiard St. Nth.,  
Ballarat Victoria 3350 Australia  
Phone: (Secretary) + 61 + 451 859 978  
E-mail: [secretary@iachi.com](mailto:secretary@iachi.com)

## APPLICATION for NON-PROFESSIONAL MEMBERSHIP

- Any person who has completed a **Chiron Healing® Level 1** seminar may join the International Association of Chiron Healers Inc. (IACHI) as a Non-Professional Member.
- Non-Professional members receive all editions of the IACHI newsletter for the current year and are entitled to vote and to hold office. It does not allow you to go into Professional Practice.

**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"/> Category of Membership Application   | <b>1</b> |
| <input type="checkbox"/> Personal Details   | <b>1</b> |
| <input type="checkbox"/> <b><u>I have attached a copy</u></b> of Chiron Healing® Level 1 course certificate or attendance certificate | <b>1</b> |
| <input type="checkbox"/> I have read and understood the Refund Policy.  | <b>2</b> |
| <input type="checkbox"/> I have completed the payment details section and attached my application fee.                                | <b>2</b> |
| <input type="checkbox"/> Signed membership declaration  | <b>2</b> |

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

### Category of Membership Application (all applicants must complete)

This is a :       **New application**                       **Upgrade from Associate membership**

### Personal Details (all applicants must complete)

Name in full: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_      Gender (optional):       Male       Female

Telephone (B/H): (    ) \_\_\_\_\_ Telephone (A/H): (    ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Chiron Healing® Level 1 course attended (all applicants must complete and attach copy of certificate)

<b>Name of Qualified Teacher</b>	<b>Location (City, Country)</b>	<b>Date</b>

## 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 1<sup>st</sup> July - 30<sup>th</sup> June.)

AUD \$58.00 for Non-Professional membership  \*\$AUD \$42.00 UPGRADE from Associate membership

**PRO-RATA FEE:** (Applies from 1<sup>st</sup> January to 30<sup>th</sup> June each year)

AUD \$30.00 for Non-Professional 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: \_\_\_\_\_

I wish to pay by PayPal. Please make payment to [chiron.payments@gmail.com](mailto:chiron.payments@gmail.com) and reference your name and membership category. Then send a copy of your PayPal receipt to AESC at [aesc@iachi.com](mailto:aesc@iachi.com) to advise of your payment. Please make sure your membership category is listed.

## DECLARATION (To be completed by all applicants.)

Please read the following carefully and sign below.

I hereby declare that the information provided in this application is true and correct. In the event of my admission as a member, I agree to abide by the Rules of the International Association of Chiron Healers Inc. and their Code of Ethics, and support the Purposes of the Association. 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)

### Send Completed Application form and Payment To:

**Australian Energy School of Chiron (AESC)**  
1002 Lydiard Street North, Ballarat VIC 3350 Australia  
Phone: (Int) + 61 + 487 901 829  
E-mail: [aesc@iachi.com](mailto:aesc@iachi.com)

**PLEASE NOTE:** Incomplete applications will not be processed.

All applications are initially processed by the Australian Energy School of Chiron (AESC) then forwarded to the IACHI Executive Committee for Membership approval. You will be advised on the progress of your application.

**For all course or training enquiries, please contact AESC, details above**