



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)

## ANNUAL MEMBERSHIP RENEWAL FORM

- Use this form **ONLY** to renew your membership. If you wish to join IACHI for the first time, please use the correct Membership Application Form, which you can download from the IACHI website at [www.iachi.com](http://www.iachi.com)
- Professional level members must maintain current financial status and abide by all contractual requirements to retain Chiron Healing® Practitioner and / or Teacher qualifications.
- Membership runs from 1<sup>st</sup> July to 30<sup>th</sup> June each year. You must be a current financial member to vote, or to hold office in the Association.
- Membership fees are due on 1<sup>st</sup> July each year.

### MEMBERSHIP CATEGORY (please tick one)

I wish to renew my annual membership in the following category:

- Professional membership (Practitioner / Teacher)
- Non-Professional membership
- Associate membership

### PERSONAL DETAILS (to be completed by all applicants)

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

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Membership No. (if known): \_\_\_\_\_ Birth Date (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (optional):  Male  Female

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

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

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

### PAYMENT DETAILS (All payments in Australian currency)

**ANNUAL MEMBERSHIP FEE:** (Please tick one box)

- \$AUD 150.00 for Professional membership
- \$AUD 58.00 for Non-Professional membership
- \$AUD 32.00 for Associate membership

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

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: \_\_\_\_\_ CVV No. \_\_\_\_\_

- 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 renewal category. **N.B. You must also complete and submit this form.**

## PERMISSIONS *(to be completed by all applicants)*

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

### **Please tick box(es) where appropriate:**

- I **DO consent** to my name and contact details being published in the following IACHI documents:
  - Official IACHI website
  - Membership directory *(when available)*
  - Any other official public IACHI advertising or documents *(as required)*

OR

- I **DO NOT consent** to my name and contact details being published in public IACHI documents:

## WORKING WITH CHILDREN CLEARANCE *(to be completed by renewing PROFESSIONAL MEMBERS who work with children and young people 18 years and under)*

- I have read, and agree to comply with, the IACHI “Working with Children” policy.  
*(A copy of the policy is available at [www.iachi.com](http://www.iachi.com) > IACHI > About IACHI).*
- I currently hold an Australian “Working with Children Clearance” (WWCC) **or overseas equivalent** which allows me to work with children and young people 18 years and under.
- I am a member of a government registered profession which screens its members for criminal offences prior to entry (e.g. doctors, teachers, childcare workers).

## COMPULSORY PROFESSIONAL DEVELOPMENT (CPD) *(to be completed by renewing PROFESSIONAL MEMBERS)*

- I have completed the required CPD hours for the current year (1 July to 30 June).  
*(Please see the current IACHI Student Logbook or IACHI Teacher’s Handbook for further details).*

## DECLARATION *(to be completed by all applicants)*

Please read the following carefully, tick boxes that apply, then sign below:

- I declare that the information provided in this renewal application is true and correct.
- I agree to abide by the Rules of the International Association of Chiron Healers Inc., and its Code of Ethics, and to support the purposes of the Association.

\_\_\_\_\_  
*(Signature of applicant)*

Date: \_\_\_\_\_

### **Please Note:**

Professional Members must maintain current financial membership of IACHI and abide by all contractual requirements to retain Chiron Healing® Practitioner and / or Teacher qualification.

Professional Members (i.e. Practitioners and Teachers) who work with those under 18 years of age are required to obtain a “Working with Children” clearance, or overseas equivalent.

Membership fees are processed by the IACHI Treasurer and a receipt will be issued.

If your name appears on the official IACHI website, please check all details are correct, and notify the IACHI Website Committee ([website@iachi.com](mailto:website@iachi.com)) if there are any errors. Thank you.

### **Send Completed Form and Payment To IACHI Treasurer:**

**E-mail:** [treasurer@iachi.com](mailto:treasurer@iachi.com)

**Mail:** 1002 Lydiard St. Nth. Ballarat, Victoria Australia 3350