



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

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

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)

Name of Qualified Teacher	Location (City, Country)	Date

