



International Association of Chiron Healers Inc. A0040298F. ABN 12 650 790 270
Registered Office: 1002 Lydiard St. Nth.
Ballarat VIC 3350 Australia
Phone (Secretary) 0451 859 978
E-mail secretary@iachi.com

APPLICATION for ASSOCIATE MEMBERSHIP

- Any person interested in the International Association of Chiron Healers Inc. (IACHI) may join as an Associate Member.
- Associate members receive all editions of the IACHI newsletter for the current year.
- Associate members are not entitled to vote, nor to hold office, nor to go into Professional Practice.

Please ensure each section of this form is completed and responses are PRINTED CLEARLY IN ENGLISH.

PERSONAL DETAILS (all applicants must complete)

Name in full: _____
Address: _____
Town: _____ State: _____ Postcode: _____ Country: _____
Telephone (B/H): () _____ Telephone (A/H): () _____
Mobile: _____ Fax: () _____
E-mail: _____

PAYMENT DETAILS (all applicants must complete)

PAYMENT IS REQUIRED AT TIME OF APPLICATION

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

AUD \$32.00 for Associate membership

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

AUD \$16.00 for Associate membership

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

ALL PAYMENTS MUST BE 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: _____ / _____ CVV No. _____

Name on Card (print): _____ Signature: _____

I wish to pay by PayPal. Please make payment to chiron.payments@gmail.com and reference your name and membership category. Then send a copy of your payment receipt to AESC at 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 and I agree to read and abide by the Rules of the International Association of Chiron Healers Inc. and support the Purposes of the Association.

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 by:

E-mail to secretary@iachi.com or mail to 1002 Lydiard St. Nth., Ballarat. Victoria. 3350. Australia.