



**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](mailto: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 1<sup>st</sup> July - 30<sup>th</sup> June.)*

**AUD \$32.00 for Associate membership**

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

**AUD \$16.00 for Associate membership**

#### **ALL PAYMENTS MUST BE IN AUSTRALIAN CURRENCY.**

**I wish to pay by:** *(please tick)*

**Cheque** *Please make payable to the International Association of Chiron Healers Inc.*

**Direct Bank Deposit** Account Name: International Assoc. of Chiron Healers

**Bendigo Bank BSB 633-000 Account No. 128340858 SWIFT BENDAU3B**

**Reference:** *your name and purpose of payment*

**PayPal** - *Please make payment to [chiron.payments@gmail.com](mailto:chiron.payments@gmail.com)*

**(Credit Card via PayPal)** **Reference:** *your name and purpose of payment.*

Amount enclosed: **AUD \$** \_\_\_\_\_

*\* GST is NOT included - I.A.C.H.I. is not registered for GST*

### 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](mailto:secretary@iachi.com) or mail to 1002 Lydiard St. Nth., Ballarat. Victoria. 3350. Australia.**