



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 IACHI 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: () _____ Mobile: _____

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**

ALL PAYMENTS MUST BE IN AUSTRALIAN CURRENCY
(GST is NOT included - I.A.C.H.I. is not registered for GST)

I wish to pay by: (please tick)

☐ **Direct Bank Deposit**
Bendigo Bank BSB 633-000

Account Name: International Assoc. of Chiron Healers
Account No. 128340858 SWIFT BENDAU3B
Reference: your name and purpose of payment

☐ **PayPal - Please make payment to chiron.payments@gmail.com**
(Credit Card via PayPal)**

Reference: your name and purpose of payment.

Amount enclosed: **AUD \$** _____

**** You do not need a PayPal account to pay by Credit Card (Mastercard and Visa only).**

☐ **Please send a receipt**

☐ **I do not require a receipt**

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.

Date: _____

(Signature of applicant)

Please return your completed application form and payment to IACHI by:

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