

# Association of Universal Healers and Spiritualists

Registered Charity 1014604

99 Wealcroft, Leam Lane, Gateshead NE10 8LN



## Application for Registered Healing Membership

(\*\*\*To be discussed at the next meeting before approval\*\*\*)

Name \_\_\_\_\_ Mr/Mrs/Miss/Ms. Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Tel: No. \_\_\_\_\_

District Health Authority \_\_\_\_\_

If you are already a member of the Association state Membership No \_\_\_\_\_

Date enrolled with U.S.A. (see Probationer ID card for month) mm/yy \_\_\_\_\_

### **To be completed by the Healing Leader:**

I \_\_\_\_\_ of \_\_\_\_\_  
hereby support this person's application to become a Certificated Healer of the Universal  
Spiritualist Association. I confirm they have completed 90 training sessions under my tuition and  
have been a fully paid up member for the past two years. **OR** I confirm they are a transferring  
full healer completing 6 months probation with me. (*delete as applicable*)

Date \_\_\_\_\_ Signed \_\_\_\_\_

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In the event that you are transferring from another Healing Association please state  
their name and your membership number and indicate how long you was a member.  
Proof of status should be attached to this application form (e.g. certificate)

Please state overleaf the names and addresses of **three** persons who have received  
healing from you and can attest to your Healing abilities.

I agree to abide by the Code of Conduct and Practise as laid down by the  
Association and any other rules or amendments that may be issued from time to  
time.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Membership is for one year and must be renewed within 4 weeks of the expiry date  
shown on your I.D.Card.

Please supply TWO passport sized photographs with your application, one will be  
attached to your I.D.Card. **Write your signature on the back of both photographs**

Do not forget to include the full remittance (£30 new members, £5.00 upgrade).

Cheques to be made to

"Association of Universal Healers & Spiritualists "

(continued overleaf)

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**APPLICATION FOR REGISTERED HEALING MEMBERSHIP (continued)**

Please give the names and addresses of three people who can attest to your Healing abilities. (See overleaf)

**PLEASE COMPLETE IN BLOCK CAPITALS**

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\* \* \* \* \*

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\* \* \* \* \*

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

**YOUR NAME WILL BE ON THE HEALER'S REGISTER HELD BY BAHA. DO YOU WISH TO BE ON THE REFERRAL LIST SO THAT YOUR NAME AND PHONE NUMBER ARE PASSED TO THOSE IN YOUR AREA REQUIRING HEALING? Yes / No**

**NAME OF AREA HEALTH AUTHORITY** \_\_\_\_\_

**I have asked the above people if they would be willing to act as references for this application, and advised them that an authorised member of the Association WILL contact them. They have each received healing from me.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

For Official use only    Approved / Not Approved    Membership No. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of members contact or healer leader \_\_\_\_\_

Please return to your Healer Leader who will forward **to the Vice President**

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