

The Healer Foundation & BCMA Membership Application Form

Entry date:	Date of birth:	
Full name: Name for certificate (if different):	Tel no: Mobile no:	
Address:	MODITE ITO.	
Post code:		
Email:	Nebsite:	
Do you wish your details to be listed on the Healer Fou		
Sponsor name/referral or where you found out about The Healer Foundation:		
Qualifications & Training: Please include all qualification	s even if not applicable to healing practice.	
Therapies practised: What you list here will appear on the	websites. Please print clearly and enclose copies of certification.	
INSURANCE – IMPORTANT – PLEASE READ CAREFUL		
If practising, please confirm that you carry the relevant insu	rance. YES / NO (If yes, attach copy of current insurance certificate).	
You can take advantage of a privileged insurance rate via the Please indicate if you wish to take advantage of this. YES If yes, full details and the insurance application form will be		
PLEASE NOTE		
Services and renewable annually from the date of commen	The insurance fee is separate – paid direct to Holistic Insurance cement.	
MEMBERSHIP FEES Practising members: (renewals in April each year)		
Registration fee £40	udes BCMA membership. Contact us for part year reduced rate)	
Non-practising members: Registration fee £40 Annual subscription fee £37 Total: £77		
What to do now: Please return this application form to Colin Guttridge, The Healer Foundation, 2 Chapelfield Croft, Old Bank, Ripponden, Sowerby Bridge, HX6 4DG, West Yorkshire. (Email: colin.g@colinguttridge.plus.com) enclosing the following:		
direct to The Healer Foundation account, please r	or our preferred payment method is by Internet Bank Transfer (IBT), ing for details. these cannot be returned to you. Do not send originals .	
3) A photocopy of a Valid Insurance Certificate. Do no		
Signature:	Date:	

NB: Annual subscription renewal of £77.00 is due by 1st April each year. Please help our admin by paying promptly. **Thank you**.