

THE HEALER FOUNDATION

Professional Holistic Practitioner Network

Unity : Support : Ethics



Allied to the BCMA: British Complementary Medicine Association

The Healer Foundation & BCMA New Membership Application Form

Entry date:		Date of birth:	
Full name: Name for certificate (if different):		Tel no: Mobile no:	
Address:			
Post code:			
Email:		Website:	
Do you wish your details to be listed on the Healer Foundation and BCMA websites? YES / NO			
Sponsor name/referral or where you found out about The Healer Foundation:			
Qualifications & Training: <i>Please include all qualifications even if not applicable to healing practice.</i>			
Therapies practiced: <i>What you list here will appear on the websites. Please print clearly and enclose copies of certification.</i>			
INSURANCE – IMPORTANT – PLEASE READ CAREFULLY If practicing, please confirm that you carry the relevant insurance. YES / NO (If yes, attach copy of current insurance certificate). You can take advantage of a privileged insurance rate via the BCMA/HIS once we have received your membership application. Please indicate if you wish to take advantage of this. YES / NO If yes, full details and the insurance application form will be sent by email along with your BCMA membership number. PLEASE NOTE Insurance is not included in the HF membership fee below. The insurance fee is separate – paid direct to Holistic Insurance Services and renewable annually from the date of commencement.			
MEMBERSHIP FEES Practicing members: (renewals in April each year) Registration fee £40 Annual subscription fee £80 (Subscription fee includes BCMA membership fee) Total: £120 Non-practicing members: Registration fee £40 Annual subscription fee £25 Total: £65			
What to do now: Please return this application form to email: office@healerfound.co.uk Our preferred payment method now is by Internet Bank Transfer (IBT) direct to The Healer Foundation account.. No cheques please. Enclosing the following: 1) A photocopy of all relevant certificates. Please note these cannot be returned to you. Do not send originals. 2) A photocopy of your Valid Insurance Certificate showing cover for Public Liability. Do not send original.			

Signature: _____ Date: _____

NB: Annual subscription renewal of £80.00 is due by 1st April each year. Please help our admin by paying promptly. **Thank you.**