

A network of Complementary Practitioners upholding holistic, compassionate and ethical procedures.



The Healer Foundation
Dedicated to Healing Principles

Entry Date:		Date of Birth:	
Full Name: Name for Certificate (if different):		Tel No: Mobile No:	
Address:			
Post Code:		Email:	
Do you wish your details to be entered on the Web Sites (if you are a non practicing member we will list your name on the members page of The Healer Foundation only): BCMA: _____ YES / NO (for practicing therapists only) THE HEALER FOUNDATION: _____ YES / NO			
Sponsor Name/Referral or where you found out about us			
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 web sites, please print clearly.</i>			
INSURANCE – IMPORTANT PLEASE READ CAREFULLY If practicing, please confirm that you carry the relevant insurance YES/NO (if yes attach copy of Insurance Certificate). If you wish to take advantage of insurance at BCMA's members preferential rate you need to contact Denise Howes: Tel: 01924 386860 or email aromaden@yahoo.co.uk for instructions before you apply for membership.			
What To Do Now: Please return this application form to Denise Howes, Aromaden, 28 Hornbeam Avenue, Silcoates Park, Wakefield West Yorkshire WF2 0TY enclosing the following: 1) Cheque made payable to The Healer Foundation for: (a) Practising Members £95.00 which includes One Off Registration/Administration Fee* of £40.00 Plus Annual Subscription Fee of £55.00 for membership of The Healer Foundation and individual licence and certification of BCMA. (b) Non Practising Members £70.00 which includes registration* and annual membership of The Healer Foundation (BCMA only accept practicing therapists). (c) Mid Year Applications A registration/administration fee of £60.00 plus £2.50 per month fees Renewal subscriptions (£55.00) are then due on the following 1 st April 2) A photocopy of certificate(s) Please note these cannot be returned to you DO NOT SEND ORIGINALS. 3) A photocopy of Valid Insurance Certificate (if applicable). DO NOT SEND ORIGINAL			

Signature: _____

Date: _____