



Australian Foundation for Healing Touch Inc.
New Membership Application/Renewal (2019)
www.healingtouch.org.au

Your membership year is 1st July to 30th June – Subscriptions due 1st July					
Please print your details legibly <input checked="" type="checkbox"/> Check box where necessary					Date
Given name		Surname			
Mailing Address					
Suburb/Town		State		P/code	
Phone		Mob			
Email					
HT level completed			Year completed		
Professional Qualifications: RN <input type="checkbox"/> Other <input type="checkbox"/>					
Membership details: New <input type="checkbox"/>					
<input type="checkbox"/> Full (\$90.00)				\$	
<input type="checkbox"/> Concession (\$55.00)**				\$	
<input type="checkbox"/> Level 1 Promotion (free)		Cert No:		Date of Level 1	
				\$	
AHTFI Donation (optional)					
				\$	
				Sub-total	
				2.5% Credit card surcharge*	
				Total due	
				\$	
Payment method: Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/>					
Please make cheque/money order payable to: AFHT Inc.					
Credit card details (add 2.5%)*				Electronic Funds Transfer (EFT)	
Type of card MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other <input type="checkbox"/>				BSB 086-275 Acc. no 696880025	
Card no				Reference MEM + Surname	
Expiry date: __/__/__ Payment amount \$				<i>Please send:</i> <ul style="list-style-type: none"> copy of deposit slip/bank acknowledgement with registration form for receipt to be issued 	
Name on card					
Signature					
** Concession Criteria for Membership and Course fees: Commonwealth Health Care Card Holder OR full time student Copy of relevant card MUST be supplied with membership form					
EMAIL completed form with payment/details to: Karen kaleena62@bigpond.com OR print and mail to: Karen Bullingham, PO Box 97, Glasshouse Mountains, QLD 4518					

Office use Only DB updated Card/Pack issued	Receipt no MEMBERSHIP NO
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