




Australian Foundation for Healing Touch Inc.
New Membership Application/Renewal (2024)
www.healingtouch.org.au

Your membership year is 1st July to 30th June – Subscriptions due 1st July							
Please print your details legibly							Date
<input checked="" type="checkbox"/> Check box where necessary							
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)		Date of Level 1				\$	
AFHTI Donation (optional) \$						\$	
<input type="checkbox"/> Top Quality Promotional Badge (optional): \$15 - including postage						\$	
Name on badge (given name only):							
Example:				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 number:				Reference		MEM + Surname	
Expiry date: __/__/__ Payment amount: \$				Please send: <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: Anna Nolan annanolan06@gmail.com OR print and mail to: Anna Nolan, 19 Kay Ann Court, Hampton, Queensland 4352							

Office use Only: Credit card Authorisation number (From Treasurer):

Receipt number from Membership Registrar:

Data Base updated: Name & Signature

Date:

Card issued Date:

Membership no.:

Sent to President & Secretary, Date

Badge Requested:

Ordered: Date: