

Energy therapy
for Body, Mind,
Spirit.

Australian Foundation for Healing Touch Inc.

AFHT Inc Membership Application*/Renewal Form

The membership year runs from 1st July to 30th June – subscriptions due 1st July

Please print your details legibly and <input checked="" type="checkbox"/> check box where necessary						Date
Given name			Surname			
Address						
Suburb/Town		State		P/code		
Phone			Mob			
Email						
HT level completed			Year completed			
Professional Qualifications / Training: RN <input type="checkbox"/> Other <input type="checkbox"/>						
Membership details: New <input type="checkbox"/> Renewal <input type="checkbox"/>						
<input type="checkbox"/> Full (\$85.00)						\$
<input type="checkbox"/> Concession (\$50.00)**						\$
<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"/> Credit Card <input type="checkbox"/> EFT <input type="checkbox"/> Money Order <input type="checkbox"/>						
Please make cheque/money order payable to: AFHT Inc. and post with this form.						
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 : __/__/__ Payment amount \$				Please send (by post or email): • copy of deposit slip/bank acknowledgement with registration form for receipt to be issued		
Name on card						
Signature						
** Concession Criteria for Membership/Course fees: Commonwealth Health Care Card Holder OR full time student Copy of relevant card MUST be supplied with membership form						
Send completed form with payment/details to: AFHTI Membership, PO Box 14, Howard, QLD., 4659 OR EMAIL scanned documents to kaleena62@bigpond.com						

Form updated March 2017