

# YHA APPLICATION FORM 201

## STUDENT MEMBERSHIP

Return Address - Marie Wright , 9 Sycamore Ave , Halton , Leeds , LS15 7RB.

(Please Print) Full Name \_\_\_\_\_ (BLOCK LETTERS)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation \_\_\_\_\_ Email ( Print ) \_\_\_\_\_

### Annual Subscriptions, due April 1st each year

Members will automatically be sent reminders to renew each year.

Please make Cheque's./ P.O. payable to "Yorkshire Healers Association"

Student Practicing Healer:- £35 Waged  £25 Unwaged  plus £ 10 JOINING FEE   
( Includes Basic Insurance )

I enclose the Total Sum of :- £. \_\_\_\_\_ Plus 2 Passport type photos ( I.D. reasons )

A Student Member is defined as a person who wishes to progress over a continuous 2-year period to become an active full healing member and **must** be willing to complete the full YHA training workshop programmes. ( Additional fees required ). Upon acceptance of your application, you will receive all the required manuals and paperwork

### DECLARATION to be signed by all applicants.

I do / I don't have any criminal convictions spent or otherwise.

If my application is approved I agree to abide by the Associations rules and by the CODE OF CONDUCT.

I declare that I am over 18 years of age.

Signature of applicant:- \_\_\_\_\_

Date:- \_\_\_\_\_

The Y.H.A. is set up to Insure members whilst carrying out Spiritual Healing Only.  
You must have separate Insurance to cover any other forms of Healing.

PLEASE RETURN BOTH COMPLETED FORMS TO THE MEMBERSHIP SECRETARY

PLEASE COMPLETE SIDE 2. ( P.T.O. )

## Y.H.A. REFERENCE FORM:

Thank you for your interest in joining The Yorkshire Healers Association. It is The Association's policy, before an application for membership is considered, to ask you to provide the names and addresses of 2 people, who are **NOT relatives** ( ie parents, siblings, spouse, partner) who would be prepared to give a character reference for you. The referees must have known you for a **minimum period of five years.**

Please remember to submit your membership application form along with this form to the Membership Secretary, including the relevant subscription fees, plus the £10.00 enrolment fee to cover all postage, and printing of all the manuals, etc.

**2 Passport type photos** (for security and identification reasons) must also be enclosed.

Cheques / Postal-Orders should be made payable to "The Yorkshire Healers Association".

**N.B.** The Yorkshire Healers Association reserves the right to refuse membership and should this be the case, any monies paid will be refunded.

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### FIRST REFEREE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECOND REFEREE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_