

APPLICATION FOR ASSOCIATE MEMBERSHIP OF NFSH

The Healing Trust is the working name of The NFSH Charitable Trust Ltd

I wish to apply for registration as an Associate Member of The NFSH Charitable Trust Ltd. I understand that this type of membership is specifically designed for people who hold a medical or paramedical qualification and who wish to see spiritual healing and conventional healthcare working together towards public wellbeing and holistic health. Membership is subject to the observation of the NFSH Constitution, Code of Conduct and any other rulings that NFSH may issue.

Please print clearly			
Name and Title _____			
Professional Qualification _____			
Home Address _____		Town _____	
County _____	Postcode _____	Telephone No _____	
Mobile No _____	E-mail _____		
Address of Practice or Employer _____			
Town _____		County _____	
Postcode _____		Telephone No _____	
Please describe the nature of your present work (hospital, general practice, paediatric, geriatric etc)			

I will accept communication and documents by email or downloaded from the website			
SIGNED _____		DATE _____	

The decision of the Membership Committee will be communicated to you

Membership subscription is due upon acceptance into membership and renewable 1 April annually

OFFICE USE ONLY			
	President	_____	_____
Application accepted/rejected	Chairman	_____	_____
	Gen Mgr	_____	_____
Date Received	Registration No	Accounts	Date Card Issued