



Associated Centre
RENEWAL 1ST FEBRUARY 2020 – 31ST JANUARY 2021

Name of Centre as you wish it to appear on our website / publicity materials:

Contact Details for our website:

Name:	
Email:	
Contact Number:	

Please name 2 Healing Trust members who are on the Centre’s organising team.

(The first name should be the person to contact about the Centre)

1.	Membership No:		Name:	
2.	Membership No:		Name:	

I am applying to renew as an Associated Centre of The Healing Trust, as indicated.

(To change your centre type please contact the Office)

Offers Spiritual Healing and other complimentary therapies- some Healers are THT members, some belong to other Healing associations **£45**

Other therapies offered are:

I confirm that ALL Healers at the Centre have current professional indemnity insurance. I enclose:

<input type="checkbox"/>	a copy of the Centre’s certificates of Professional Indemnity Insurance and Employer’s Liability Insurance
<input type="checkbox"/>	examples of the Centre’s publicity demonstrating the change of name to ‘Associated Centre’

Signed: _____ **Date:** _____
(The Healing Trust Contact Person)

Contact No: _____ **Email:** _____

PAYMENT METHOD (please tick):

- By cheque, made payable to The Healing Trust with Centre name, name of signatory on the reverse.
- By credit card – please complete the section below:

Card Type: Visa Debit Visa Credit Mastercard Other (please specify):

Card Number:

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Expiry Date:

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Security No: (last 3 digits on the back of the card)

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Please complete and return the form & associated documentation to:
The Healing Trust, Bull End, 1 Strixton Manor Business Centre, Strixton, Northamptonshire. NN29 7PA
 or email office@thehealingtrust.org.uk
 On receipt of your completed form and payment we will issue your new seal for 2020/21.