



**Associated Centre**  
**RENEWAL 1<sup>ST</sup> FEBRUARY 2021 – 31<sup>ST</sup> JANUARY 2022**

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

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**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)

**This Centre only offers Spiritual Healing – all Healers are members of The Healing Trust £40**

**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](mailto:office@thehealingtrust.org.uk)

On receipt of your completed form and payment we will issue your new seal for 2020/21.