



# MEMBERSHIP FORM

NAME.....

ADDRESS.....

SUBURB.....STATE.....PC.....

CONTACT NUMBER.....GENDER..... M/F

EMAIL.....

EMERGENCY CONTACT PERSON  
NAME.....

THEIR CONTACT DETAILS.....

RELATIONSHIP TO YOU.....

ANY CURRENT or LONG TERM HEALTH ISSUES; PLEASE LIST

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MEMBERSHIP APPLYING FOR PLEASE TICK (all memberships are for the period of the financial year)

ORDINARY MEMBER.....FEE PAID.....

ASSOCIATE MEMBER.....FEE PAID.....

CORPORATE MEMBER.....FEE PAID.....

I .....have read and agree to the terms and conditions of membership of Awakening Hearts and Healing Association.

Signed.....dated.....