

# Association of Universal Healers & Spiritualists

Registered Charity 1014604

Head Office:- Jade Cottage, 4 Stoney Lane, Springwell Village, Gateshead, Tyne and Wear, NE9 7SJ

Telephone: (0191) 4163689



Application for **Registered Healing** Membership

(\*\*\*To be discussed at the Executive meeting once all referees have replied, before approval\*\*\*)

Name \_\_\_\_\_ Mr/Mrs/Miss/Ms. Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Email \_\_\_\_\_ Tel. No. \_\_\_\_\_

District Health Authority \_\_\_\_\_

If you are already a member of the AUHS state Membership No \_\_\_\_\_

To be completed by the Healing Leader who *CANNOT act as a reference on the reverse of this application*

I \_\_\_\_\_ of \_\_\_\_\_  
hereby support this person's application to become a Certificated Healer of the Association of Universal Healers and Spiritualists. I confirm he/she has completed 90 training sessions tuition.

Date \_\_\_\_\_ Signed \_\_\_\_\_

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## **This Part only for new applicants Transferring Membership**

In the event that you wish to transfer to AUHS from another Healing Association please state:-

- Which association you are transferring from \_\_\_\_\_
- How long you were a member of your previous organisation \_\_\_\_\_
- Your previous membership number \_\_\_\_\_

Proof of status of training with your previous organisation should be attached to this application form (e.g. certificate)

**If accepted you will be required to complete a minimum 6 months transfer (probationary) period under a recognised AUHS Healer Leader** (This is to help you become accustomed to BAH Code of Conduct and AUHS rules and guidelines which will differ from your previous organisation – it is vital to be up to date with these to secure your healing insurance and remain within UK law for alternative healing).

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(Continued over page – must be filled in by both)

**To be filled in by both AUHS Probationer Healers upgrading to Full Healer and New Healers Applicants wishing to retain their “Full Healing” status upon joining AUHS using Healing qualifications gained from other organisations**

Please state names and addresses of **three additional** persons who can attest to your Healing abilities. If you are not member of a church or healing group, please attach statements from two certificated healers of the Association supporting your application.

I agree to abide by the Code of Conduct and Practise as laid down by the Association and any other rules or amendments that may be issued from time to time.

*I wish/do not wish\* to pay future subscriptions by standing order from my bank. Please send me further details.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Membership of AUHS is for one year and must be renewed within 4 weeks of the expiry date shown on your I.D. Card. (if you miss the expiry date you will lapse membership and your insurance will become invalid, if you fail to renew within two months AUHS will assume you do not wish to renew. If you wish to rejoin AUHS after that time you must join as if a new member and once more agree to a 6 month probationary period.)

**FEES: & Instructions:**

**Existing members** upgrading from AUHS probationer to full healer must pay **£10 upgrading fee.**

Please return this form with the appropriate fee and TWO photos to your Healer Leader, who will forward to the President.

Cheques to be made payable to the “Association of Universal Healers and Spiritualists”

**New Members application coming from other organisations pay £60 (OAPs £55) for membership with AUHS.**

**Please send cheque, this form & 2 photos direct to Rev Philip Greenup (MHLUSA), President & Healer Representative AUHS, Jade Cottage, 4 Stoney Lane, Springwell Village, Gateshead, Tyne and Wear, NE9 7SJ**

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**APPLICATION FOR REGISTERED HEALING MEMBERSHIP (continued)**

Purchase Full Healer Membership Badge £5.00each £\_\_\_\_\_

Please give the names and addresses of three people who can attest to your Healing abilities, **none** of whom should be Healer Leaders of the AUHS, nor should they be your close relatives. Additionally you cannot use the person already named on the front of this form.

IF YOU ARE UPGRADING TO “FULL HEALER” YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THE SUPPORT OF YOUR HEALER LEADER.

IF YOU ARE APPLYING TO JOIN AUHS FROM ANOTHER ORGANISATION YOU WON'T BE ACCEPTED WITHOUT PROOF OF TRAINING AND CERTIFICATION FROM PREVIOUS ORGANISATION AND AGREEMENT TO COMPLETE THE FULL PROBATIONARY/TRANSFER PERIOD.

**DETAILS OF THREE PEOPLE WHO HAVE AGREED TO GIVE REFERENCES ON YOUR BEHALF ABOUT YOUR HEALING - PLEASE COMPLETE IN BLOCK CAPITALS**

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\* \* \* \* \*

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

\* \* \* \* \*

Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

**I WOULD LIKE TO HAVE MY NAME ON THE HEALER'S REGISTER Yes / No**

**NAME OF AREA HEALTH AUTHORITY \_\_\_\_\_**

**I have asked the above people if they would be willing to act as references for this application, and advised them that an authorised member of the Association WILL contact them. They have each received healing from me.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

For Official use only Approved / Not Approved Membership No. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_