MEMBERSHIP APPLICATION FORM 2019

Thank-you for your interest in membership of the Sound Healing Association of Ireland.

Our membership year runs from January-December Renewal is due 1st January each year.

Please provide the following information in order for your application to be processed. Please write clearly. If your writing can not be read your application can not be processed.

Please return the completed form together with your cheque and copies of supporting documentation to:

The Secretary
Sound Healing Association of Ireland
37 Great William O'Brien Street
Cork City T23 NW96

Cheques should be made payable to *'Sound Healing Association of Ireland'.*

If you prefer, you may email your application to:

info@soundhealingassociationofireland.com

MEMBERSHIP LEVEL

☐ *New Membership* ☐ *Renewal €49 per year*
☐ *Student Membership €29* ☐ *Full Membership* ☐ *Upgrade (difference)*
Full M'ship pro-rata: Dec to March €59 (1 mth free) April to July €45 Aug to Nov €29

PERSONAL DETAILS

Mr
Mrs
Miss
Ms
Dr
Other
.....

FIRST NAME:

SURNAME:

ADDRESS:

Telephone Home: Mobile:

EMAIL:

SOUND HEALING QUALIFICATIONS *(Not Required for Renewal)*

For each qualification completed *(or currently studying)* or please provide the following details:

For each qualification completed please include copies of your certificates.

Qualification name:
Skills Included: ☐ *Clinical Treatment* ☐ *Sound Healing in Groups*
Training Provider Name:
City/Town/Country:
Date Started: Date Completed:
Duration of Study – Hours: Days:

Qualification name:
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Training Provider Name:
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Skills Included: ☐ *Clinical Treatment* ☐ *Sound Healing in Groups*
Training Provider Name:
City/Town/Country:
Date Started: Date Completed:
Duration of Study – Hours: Days:

BUSINESS INFORMATION (If applicable):

Business Name:

CRO Number:

Website:

Business Address: (If different)

Name of Insurance Company:

SERVICES PROVIDED: *(For "Find a Practitioner" website listing)*

☐ ***Sound Healing in Groups/Sound Bath*** ☐ ***Clinical Treatment***

PREFERRED PAYMENT METHOD

☐ ***Direct deposit*** ☐ ***Paypal (please add 5% surcharge)*** ☐ ***Cheque enclosed***

Bank: Allied Irish Bank (AIB) Sort Code: 93-41-43 Account No.: 58917-186

IBAN: IE76 AIBK 9341 4358 9171 86 BIC: AIBKIE2D

Paypal Email: info@soundhealingassociationofireland.com

DECLARATION:

I hereby declare that the information I have provided on this application form is true and correct and I have read and understand the SHAI members Code of Ethics which I agree to abide by at all times.

Signed: ……

Date: ……