



APPLICATION FORM

I hereby apply for admittance to the
INTERNATIONAL NATURE SACRED HEALING ASSOCIATION e.V.
I have read and understood the Charter and the consequent rights and duties for the members.

(PLEASE FILL IN FORM IN CLEAR WRITING AND CAPITAL LETTERS)

Title

Name, First name

Street

Country, Post code/Zip code, City

Phone, Fax (include country code)

Place and date of birth

Email, homepage

Place, date, signature

Data protection notice: Your credentials will be stored electronically by the membership management

is requesting membership as

active member
(healer)

supporting member
(non-healer)

NB: There is no legal entitlement to membership. A member of the executive board decides on admittance.



PRACTISED HEALING METHOD(S)	TRAINED BY	YEAR OF TRAINING

Field reserved to the executive board (please to not fill)

Application approved
 Application not approved

Reason

Name of executive board member Place, date, signature

Direct debit mandate

I revocably authorize the Insha e.V. professional healer association to collect the payment of the annual membership fee via direct debit from the bank account stated below. (Please be aware: when giving authorization for direct debit do not make payment for the fee at the same time). The membership fee can either be deducted annually at 120€ or half yearly at 60€. The membership fee will be charged upon admittance to the INSHA e.V.

Please tick where applicable

- Annual fee (1x120€)
 Half yearly fees (2x60€)

Bank details

Name of account holder

Bank or building society, address

IBAN

SWIFT/BIC

Place, date, signature

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