



Membership & RENEWAL Membership Form

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home # _____ Alternate Phone # _____

E-mail: _____ HT Level Completed: _____

Date completed: _____ Instructor's Name: _____

Nursing Qualifications: RN _____ BSN _____ Other _____

MEMBERSHIP INFORMATION

New Member _____ Membership Renewal _____ Member # _____

* **GENERAL: \$60.00**

* **Completion of Healing Touch Level 1 is mandatory** Includes newsletter, directory listing, event discounts, voting rights

* **NEWSLETTER: \$25.00** Newsletter only; no voting rights

* **ANGELIC: \$1000.00**

* **LIFETIME: \$5000.00**

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- Return this form and your cheque to: **Kim Polvi, HTAC Membership, 4163 Varsity Road NW, Calgary, AB T3B 2Y5**
 - Please make your cheque payable to: **Healing Touch Association of Canada Inc.**
 - Sign below to have your contact information in the HTAC Membership Directory.
**** I _____ authorize my contact information to be printed in the Healing Touch Association of Canada Membership Directory.**
Signed: _____
 - Please indicate whether or not you will allow your contact information to be shared with other Healing Touch organizations.

**I grant permission to Healing Touch Association of Canada to share my contact information with other Healing Touch organizations. Yes _____ No _____

I am willing to serve on the HTAC Board. Yes _____ No _____