

HEALING TOUCH CALGARY PRACTICE GROUP

GENERAL MEMBERSHIP - \$20 per YEAR

New membership _____ Membership Renewal _____ Membership # _____

Name: _____ Occupation: _____
Surname First Name Initial (Mr. Mrs. Ms)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email: _____ Tel: _____ Fax: _____

Healing Touch level completed: _____

Please indicate your interest:

- Two practice sessions per month
- All Calgary Practice Group communications including the Newsletter
- Opportunity to help our network of healers grow
- Opportunity to help at courses you have completed
- Opportunity to serve on the executive for Healing Touch Calgary

** I authorize my name, address, telephone number, and email address to be published in the Membership Directory (signature required) _____

Mail completed form to: **Francine Rollock, 3240 – 108 Avenue SW, Calgary, AB T2W 3H1**

- Please make cheque payable to Healing Touch Calgary
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