

Thank you for your inquiry. We would like some initial information in order for us to commence the Application Process. Please complete this form in capitals using black ink and return to: The Secretary (Address Below). We will endeavour to contact you within three working days of receipt of this form.

INITIAL INQUIRY FOR TRANSFER OF MEMBERSHIP TO THE COMPLEMENTARY HEALING ASSOCIATION			
Full Name:		Title:	
Address:			
		Post Code:	
Telephone:			
Email:			
DETAILS OF YOUR CURRENT MEMBERSHIP ORGANISATION			
Organisation Name:			
Membership Number:		Valid End Date:	
Brief Reason for Transfer:			

I confirm that the above information is correct to the best of my knowledge.

Signed: Date:

THE COMPLEMENTARY HEALING ASSOCIATION

PO Box 839,
 Bognor Regis,
 West Sussex.
 PO21 9GU
 Email cha.broadband@btconnect.com



Registered Charity No. 1065905