

**The International Association  
Of  
Waveform Energetics®**

**Membership Application form**

Mr/Mrs/Ms/Miss	First Name	Surname						
Address:		Date of Birth / /						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Student</td> <td style="width: 50%; text-align: center;">Grad Number</td> </tr> <tr> <td>Wvf 1 <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Wvf 2 <input type="checkbox"/></td> <td></td> </tr> </table>	Student	Grad Number	Wvf 1 <input type="checkbox"/>		Wvf 2 <input type="checkbox"/>	
		Student	Grad Number					
Wvf 1 <input type="checkbox"/>								
Wvf 2 <input type="checkbox"/>								
Post Code	If Therapist, what therapy/ies?							
Telephone number	Email Address							

Pathway Spiritual and Healing Practitioner/Student  Please tick appropriate box <input type="checkbox"/> Yes <input type="checkbox"/> No Occupation	Other skills and areas of expertise
<p>If you are a Therapist, are you insured to practice?</p> <p><input type="checkbox"/> YES:</p> <p>I am insured with .....and enclose a copy of my current insurance certificate and a copy of my Certificate of graduation in (named Therapy).....</p> <p>From .....(Issuing Association)</p> <p><input type="checkbox"/> NO:</p> <p>I am not insured and wish to apply for insurance cover through the IAWE. (an application form and insurance details will be sent separately to you)</p> <p>I enclose a copy of my Certificate of graduation in (named Therapy).....</p> <p>From .....(Issuing Association)</p> <p style="color: red;"><b>As a practicing therapist on our register you must have insurance cover of at least £2 million</b></p>	

<b>Declaration</b>
I wish to be a member of the International Association of Waveform Energetics and agree to abide by its rules and code of conduct and ethics. I enclose my membership fee of £45 for the year 2008 (cheques payable to 'Energy Masters' please)
Signed.....Print name.....Date / /