

**Application Form For Membership  
Healing Arts Association of the Okanagan**

Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to apply for:

Full Membership: \_\_\_\_\_ Associate Membership: \_\_\_\_\_

General Name/Healing Arts Title \_\_\_\_\_

My Mission Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send your membership fee of \$80.00 to the address below. A bio, description of your healing art, & passport sized photo can also be emailed directly to the site webmaster (jchivers@shaw.ca) or Victoria Fabling (vfabling@telus.net)

Please make out cheque to the Healing Arts Association of the Okanagan and mail to:

Healing Arts Association  
Box No. 201316  
Kelowna BC  
V1Y 9H2