



APPLICATION FOR MEMBERSHIP

The Doctor - Healer Network exists to promote the practical use of healing in a medical setting independent of any particular philosophy or belief. Membership is open to doctors and other health professionals with an interest in healing who subscribe to the aims of the Network and healers who practice healing and are members of a healing organisation in which training, adherence to a Code of Conduct and professional insurance cover are mandatory. Membership is also open to others with a specialist role in the network at the discretion of the organisers.

Please note:

Membership may not be used as a qualification in a member's publicity material.

Please complete where appropriate Doctor / Healer / Other (please describe).....

Please print or use capitals

Title / Full name
.....

Qualifications.....

Address

TownCounty/City.....

Post code

Contact tel/fax numbers HomeWork.....

Mobile Numbers Home Work

e-mail addresses HomeWork



For Doctors and other medical professionals only

Do you heal or employ/make referrals to a healer? Yes/No.....

In what area of medicine do you work?

Please indicate particular areas of interest concerning the practical application of healing e.g. research

.....

For Healers only

Which healing organisation do you belong to?

Membership no.

Details of your links with doctor/medical practice/hospital/hospice

.....

Are you being paid? Yes/No What is your source of funding?

(If your source is public or voluntary please elaborate).....

Have you any special areas of interest?

Other therapies you are qualified to practice:

.....

Other applicants for Membership

What area of your work will complement the work of the DHN?

.....

What particular skills can you bring to the DHN?

.....

Other information which may be useful to the DHN

.....



Membership Payment Instructions

Fee: £20 per annum. I enclose payment for £..... to cover my membership for the period ending 30th September 20.....

Payments by cheque: made out to 'Doctor Healer Network London' and sent to:

The Doctor Healer Network Treasurer
15 Wessex Gardens
London
NW11 9RS

Tel: 07973 441507

Payments by Online Banking

Account name:	Doctor Healer Network London
Business Account Number:	35231081
Bank Sort Code:	09-01-54

Completed application forms should be sent by email to:

anthonystewart144@gmail.com

Or by Post to:

Doctor Healer Network (Treasurer)
15 Wessex Gardens
London
NW11 9RS