



APPLICATION FOR MEMBERSHIP OF THE HOLISTIC PULSING GUILD

Full Name: _____

Postal Address: _____

Phone: _____ Mobile: _____

Email: _____

Holistic Pulsing Qualification/s gained or training in progress [if any]:

Name/s of Teacher/s: _____

I wish to join the Holistic Pulsing Guild (NZ) Inc. and include the appropriate membership fee for:

- Associate Member (\$35 per annum)
- Relaxation / Full Member (\$75 per annum)
- Integrative / Full Member (\$75 per annum)

I agree to abide by the rules of the Guild set forth in its Constitution.

I agree to abide by the Guild Code of Ethics.

I agree that my name, address and telephone number may be used for the purposes of networking Holistic Pulsing in 'Ripples'. YES / NO

Signed: _____ Date: _____

Please send to:
The Treasurer, Holistic Pulsing Guild (NZ) Inc
PO Box 24 255, East Linwood, Christchurch 8642, New Zealand.