

# HAA Membership Application Form



Name .....

Address .....

.....

Suburb/State/Postcode .....

Mobile .....

Work Phone ..... Home Phone .....

Email .....

Occupation .....

**=> I WISH TO APPLY FOR MEMBERSHIP OF THE HAKOMI AUSTRALIA ASSOCIATION**

Signature ..... Date .....

**=> MEMBERSHIP TYPE & ANNUAL FEE [PLEASE CIRCLE ONE]**

**CHT**

Certified Hakomi Therapist .....\$100

**Graduate**

Completed Hakomi Professional Training .....\$75

**Hakomi Training Student**

Currently undertaking the Hakomi Training .....\$50

**Friend**

Interested in Hakomi .....\$50

**PLUS APPLICATION FEE**

One-off joining fee .....\$25

**=> TOTAL PAID [PLEASE INDICATE TOTAL PAID] .....**

Please make cheques payable to Hakomi Australia Association. To pay by direct debit, please transfer funds to

Hakomi Australia Association  
St George Bank  
BSB: 112 879  
Account Number: 026 276 195

IMPORTANT: Please ensure your name is included with the transaction.

**=> METHOD OF PAYMENT [PLEASE TICK ONE]**

CHEQUE ENCLOSED [ ]      DIRECT DEBIT [ ]      DATE OF PAYMENT .....

**=> SEND APPLICATION TO: Hakomi Australia Association PO Box 1624 Rozelle NSW 2039**