

Hakomi Australia Association Inc

PO Box 1624
Rozelle NSW 2039

APPLICATION FOR MEMBERSHIP

Name

Address

Locality Postcode.....

Daytime Phone..... Evening Phone.....

E-mail.....

Occupation.....

I wish to apply for membership of the Hakomi Australia Association.

Signature Date

MEMBERSHIP TYPE

- | | |
|---|---|
| <input type="checkbox"/> CHT
Certified Hakomi Therapist | <input type="checkbox"/> Hakomi Training Student
Currently undertaking training |
| <input type="checkbox"/> Hakomi Training Graduate
Completed Hakomi training | <input type="checkbox"/> Friend of Hakomi
Interested in Hakomi |

Please note that Full Membership of the Association is confined to Graduates.
All other members will be Associate Members.

FEES DUE

- | | | |
|--|-------|---|
| <input type="checkbox"/> CHT | \$100 | Please make cheques payable to:
Hakomi Australia Association |
| <input type="checkbox"/> Graduate | \$75 | |
| <input type="checkbox"/> Student | \$50 | |
| <input type="checkbox"/> Friend | \$50 | |
| | | Membership Fee |
| | | Plus Application Fee \$25 |
| | | Total Payment Enclosed \$..... |