



Telephone number: (084) 800 – 1947

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Website: www.thehealingcommunity.co.za

99 Mendelssohn Road, Franklin Roosevelt Park, Randburg

Membership Application Form

Applicant’s Details.

Title: _____ Surname: _____

First Name (s): _____

Company name: _____

Gender: Male Female Date of Birth: _____(YYYYMMDD)

Home Lang.: _____ Mobile number: _____

Email Address.: _____

Preferred method of correspondence: Telephone call WhatsApp SMS Email

Website address: _____

Street address: _____

City: _____ Province: _____

Membership type

Ordinary Member

Membership with Profile listing on www.thehealingcommunity.co.za

Monthly payment of R200 Annual once off payment of R1,800

Existing member upgrading to a Membership with Profile listing

Monthly payment of R200 Annual once off payment of R1,800



Details of Practice

1. Travel Yes No

2. Gender specific Yes No

3. Off street parking Yes No

4. Correspondence Email SMS WhatsApp Phone

5. Business hours _____

6. Services Offered

a. _____

b. _____

c. _____

d. _____

e. _____



7. Describe your practice



Qualifications

1. _____
 - Certificate issued by: _____

2. _____
 - Certificate issued by: _____

3. _____
 - Certificate issued by: _____

4. _____
 - Certificate issued by: _____



Association Memberships

1. _____

a. Certificate issued by: _____

2. _____

a. Certificate issued by: _____

3. _____

a. Certificate issued by: _____

I would like to receive information and correspondence from The Healing Community.

I would like more information about having a website developed.

Signature: _____

Date: _____

Name: _____

Bank details

The Healing Community

Capitec Bank

Branch code 470070

Account number 1475593471