

APPENDIX 1

APPLICATION FOR MEMBERSHIP OF PLANETARY HEALING ARTISTS ASSOCIATION OF AUSTRALIA INC (PHAAA).

I, \_\_\_\_\_ of \_\_\_\_\_  
(name and occupation) (address)

desire to become a member of PHAAA

In the event of my admission as a PHAAA member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant

Date

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I, \_\_\_\_\_, a member of the Association, PHAAA.  
(name)

nominate the applicant, who is personally known to me, for membership of the PHAAA Association.

Signature of Proposer

Date

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I, \_\_\_\_\_, a member of PHAAA, second  
(name)

the nomination of the applicant, who is personally known to me, for membership of the PHAAA Association.

Signature of Seconder

Date

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