



# ALLIANCE OF CHRISTIAN HEALERS

## APPLICATION FOR SPIRITUAL HEALER LICENSE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phones \_\_\_\_\_

Email Address \_\_\_\_\_ or \_\_\_\_\_

Check all that apply (required):

\_\_\_\_\_ I enclose a copy of the healing techniques I use in my healing business.

\_\_\_\_\_ I enclose a list of all my licenses and certifications related to healing.

I enclose my \$60 check or money order \_\_\_\_\_yes \_\_\_\_\_no

I affirm I paid \$65 on line by credit card \_\_\_\_\_yes \_\_\_\_\_no

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to: [admin@fshlb.com](mailto:admin@fshlb.com) Fax to 800-710-1539 or mail to:

FSHLB - ACHLB

PO Box 163

Ridgecrest, NC 28770

Enclose your check or money order for \$60.00 USD or pay \$65.00 by credit card from our website.