



Renewal of Spiritual Healer License

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____ Web address _____

Current License Number _____ Expires _____

Check all that apply:

_____ I enclose a copy of the new healing techniques I use in my business.

_____ I enclose a list of my new licenses and certifications related to healing.

_____ I enclose my \$45 check or money order for a 2 year license

_____ I affirm I paid \$50 on line by credit card for a 2 year license

Signature _____ Date _____

Email to: admin@fshlb.com Fax to 800-710-1539 or mail to:
FSLB - SHLB
PO Box 163
Ridgecrest, NC 28770

Enclose your check or money order for \$25.00 USD for one year or \$55.00 for three years renewal; or pay \$60.00 for three years by credit card from our website.