



# ALLIANCE OF CHRISTIAN HEALERS

## APPLICATION FOR RENEWAL OF SPIRITUAL HEALER LICENSE

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phones \_\_\_\_\_

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

### 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 confirm I already paid \$50.00 to renew my license for 2 years.

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

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

FSHLB - ACHLB

PO Box 163

Ridgecrest, NC 28770

Enclose your check or money order for \$55.00 USD or pay \$60.00 using the Pay Pal secure and confidential credit card gateway on our website