



International Association of Chiron Healers Inc. (IACHI) A0040298F

ABN 12 650 790 270

Registered Office:

1002 Lydiard Street North, Ballarat Victoria 3350 Australia

E-mail: secretary@iachi.com

IACHI PUBLICATION AUTHORITY FORM

Member's Name: _____
(insert your full name here)

Membership Category: Professional Membership Number: _____
(as listed on your Membership Certificate)

I, _____ hereby give permission for IACHI to
(insert your full name here)

publish my contact details in the following official IACHI documents:

- Official IACHI website Official Members Directory (when available).
 Any other official public IACHI Advertising or Documents (as required).

Contact details: (Complete fields below - those fields with * are **Required** to be completed).

Country*: _____ State*: _____ Suburb/Town*: _____

Phone: _____ Fax: _____ E-mail: _____

Member's Signature: _____ Date: ____/____/____



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