



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 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.