



ACTheals (Acts 4:8-10 NIV)

Advancing Christ-Centered Healthcare - one healer at a time

ACTheals Membership Application

Please complete and mail with a check to
ACTheals P.O. Box 4961, Louisville, KY 40204

Commitment statement # 1: I am a Christian Health Care Professional in a physical, mental and/or spiritual healthcare discipline who has academic and professional preparation with appropriate degrees, licensure, certification or a student in a healthcare degree program preparing for a professional degree or a lay/person (associate) committed to the healing ministry of Jesus. Member Requirements: By selecting the "yes" option you indicate that you fulfill the requirements and affirm the commitment stated. Please initial the space. ____Yes.

Commitment Statement # 2: I am committed to Jesus Christ and His Spirit and open to integrating His teaching and healing prayer into my life and my healthcare work and/or ministry. I am committed to my own healing and to growing in the gifts of the Holy Spirit. Member Requirements: By selecting the "yes" option you indicate that you fulfill the requirements and affirm the commitment stated. Please initial the space. ____Yes.

First Name _____ Last Name _____

Email _____

Membership Option (Please initial):

___ Individual \$110

___ Couples \$170

___ Non-salaried clergy \$25

___ Students \$25

Canadians: The amount is Canadian \$ paid to the Canadian Chapter by check (via Vince Kirton).

___ Individual - CAN \$110

___ Couples -CAN \$170

___ Non-salaried clergy -CAN \$25

___ Students -CAN \$25

FINANCIAL ISSUES: If you are unable to meet the dues requirements listed above, please contact the ACTheals office at 502 632-3036, EXT 1. Do not complete the forms either on-line or the printed version. You will be contacted by an ACTheals member within a week.

Address: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone Number: _____

Phone Ext: _____

Mobile Phone: _____

Fax Number: _____

Website Url: _____

Facebook Url: _____

Linked-In Url: _____

Twitter Url: _____

Occupation/profession _____

Employment Status: _____

Email Updates: Would you like to receive regular email updates ___Yes ___No (Please initial)

If you select "no" you are "opting out" of ACTheals eblasts and will not receive regular email updates from ACTheals regarding events, newsletters, educational opportunities, and other relative membership information.

Birth year: _____

Religious affiliation: _____

Languages spoken (besides English): _____

How did you find ACTheals?

Are you interested in earning CEUs: ___Yes ___No (Please initial)

Once the ACTheals office receives your application and you are accepted for membership, you will be notified by email or regular mail as to your region and regional coordinator, specialty group and coordinator, member ID, and instructions on how to access the member part of the web site. Thank you for applying for membership to ACTheals and God bless you.