



IAHR Membership Application



Director Information

Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Associate / Co-Director Information (if applicable)

Associate Director <<<Please check the appropriate Director title>>> Co-Director

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Associate / Co-Director Information (if applicable)

Associate Director <<<Please check the appropriate Director title>>> Co-Director

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

ADVISORY BOARD CANDIDATES

(We recommend 3 Pastors, an Intercessor and a Lay Person)

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State/Province* *Zip/Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #2

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State/Province* *Zip/Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #3

Pastor/Minister Intercessor Lay Person <<<Please check the appropriate title

Full Name: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State/Province* *Zip/Postal Code* *Country*

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #4

Pastor/Minister Intercessor Lay Person

<<<Please check the appropriate title

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

Board Member #5

Pastor/Minister Intercessor Lay Person

<<<Please check the appropriate title

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: HOME (include area code) _____ Phone: CELL (include area code) _____

E-mail Address: _____

Pastor's Name: _____ Pastor's Phone: _____

Church you attend: _____

HEALING ROOMS INFORMATION

Name of Healing Room: _____

Location: _____
(include name of facility If applicable)
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

Phone: _____
Include area codes

Days & Hours of Operation: _____

E-mail Address: _____

Web Site Address: _____

Mailing Address: _____
(include who the mail is "in care of" if applicable)
in care of: _____
Street Address Apartment/Unit #

City State/Province Zip/Postal Code Country

MEMBERSHIP REQUIREMENTS AND FEES

Membership Requirements

- I have fulfilled all of the requirements set forth for membership in IAHR which includes training
- I have attended training in Spokane or with an IAHR National, Regional, Assistant Regional, State Director or USA Area Coordinator

_____ Date of Training _____
(please indicate with whom you have received training)

- I agree to pay the ongoing IAHR membership fees.

Signature: _____

Payment Options:

Web hosting – I would like this option.

- Enclosed is \$90 for the first quarter
- Enclosed is \$120 – for the first quarter dues (\$90) and web hosting (\$30)
- Enclosed is \$180 for six months
- Enclosed is \$240 – for the first six months dues (\$180) and web hosting (\$60)
- Enclosed is \$360 for one year
- Enclosed is \$480 – for one year dues (\$360) and web hosting (\$120)

Please Make Checks Payable to
Healing Rooms Ministries

Please charge to my VISA MasterCard American Express Discover

Name on the card: _____

Card Number: _____ Expiration Date: _____
(mm/yyyy)

Card Billing Address: _____
Street Address Apartment/Unit #

City State/Province/Region Zip/Postal Code Country

Signature: _____

MAIL OR FAX DOCUMENTS TO:

**Please send your application to your
 Regional or State Director
 You will find their contact information on our web:
www.healingrooms.com**

***If you would to have automatic withdrawals
 please file out the next page and return it with your application.***

IAHR Credit Card Authorization

Date _____ IAHR # _____ Phone # _____

Name of Healing Room: _____

Name of person responsible for this account: _____

\$30.00 IAHR Fee \$10.00 Web Hosting Fee \$ _____ Other Amount

Monthly Quarterly Semi-annual Annual One Time

Name on Card: _____

Card Billing Address: _____
Street address Apartment/Unit #

City State/Province/Region Zip/Postal Code Country

Card # _____ Exp. Date _____
(mm/yyyy)

Card Type _____ CVV Code _____

Debit My Card beginning this month/year _____

Please allow **one month** for this request, or changes to this request to be made. Also, please update us with new card information including new expiration dates as they happen.

Statements will be emailed periodically to the director reflecting the balance of each account: IAHR fees, Web Hosting

Office Use Only:
LP: _____
DB: _____
SS: _____

Healing Rooms Ministries
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Spokane, WA 99202
(509) 456-0517
Fax (509) 456-8674
iahraccounting@healingrooms.com