



Application for Membership

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____

Web address _____

Check all that apply:

I am interested in becoming a Licensed Spiritual Healer.

I am interested in becoming a Spiritual Healer Instructor.

I am interested in becoming a Licensed Minister.

I understand donations are voluntary, needed and greatly appreciated.

By signing below you acknowledge your truthfulness in answering all of the above questions; and that you have read, understand and support our Mission and Statement of Beliefs.

Signature _____ Date _____

Email as an attachment to: qhh@fshlb.com -or- Fax to 888-661-6361

Mail to: FSHLB – QHH, 8417 Oswego Road #131, Baldwinsville, NY 13027