



IAHR Membership Application



Director Information

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

Address: _____
Street Address Apartment/Unit #

City State/Province/Region Zip/Postal Code Country

Phone: HOME _____ Phone: CELL _____
(include country & city codes) (include country & city codes)

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: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province/Region Zip/Postal Code Country

Phone: HOME _____ Phone: CELL _____
(include country & city codes) (include country & city codes)

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: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State/Province/Region Zip/Postal Code Country

Phone: HOME _____ Phone: CELL _____
(include country & city codes) (include country & city codes)

E-mail Address: _____

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

Church you attend: _____

IAHR Credit Card Authorization

Date _____ IAHR # _____ Phone # _____

Name of Healing Room: _____

Name of person responsible for this account: _____

\$25.00 IAHR Fee \$10.00 Web Hosting Fee \$ _____ Other Amount

Monthly Quarterly Semi-annual Annual One Time

Currency Type _____ (Example: USD, Euro, Malaysian Ringgit etc.)

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

Healing Rooms Ministries

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