

# ASSOCIATE AND PRAYER SUPPORTERS APPLICATION FORM

*This form is specifically for people who are NOT Allied Health Professionals who want to receive the Interact magazine or prayer letter and support the work of the Christian Therapists Network. If you are either a qualified Allied Health Professional or working as an assistants/technician within those professions then please request a **MEMBERSHIP APPLICATION FORM**.*

Please complete using BLOCK CAPITALS. Please tick  boxes as applicable

- PRAYER SUPPORTER**
- ASSOCIATE SUBSCRIPTION**  
*(you can apply for both using the same form)*

Title: Mr / Mrs / Miss / Ms / Dr / Pro / Rev\*

Surname

Forename(s)

Organisation (If applicable)

Mailing address

Postcode

Telephone Home/Work\*

Email\*\*

Job\*\*

Church\*\*

What is your connection with the work of CTN?

*Key: \*delete as appropriate \*\*optional*

*There may be times when it may seem appropriate to pass your details onto someone else. Please indicate here if you do not want your details passed on.*

## PRAYER SUPPORTER

**How would you like to receive the regular CTN prayer bulletin?**

- By post
- By email

## ASSOCIATE SUBSCRIPTION

**Do you want to receive the Interact magazine (published 3 times a year)?**

- Yes  No

**Would you like to receive an annual report?**

- Yes  No

## Personal Member's declaration

*'I am in sympathy with the aims of CTN. I declare my faith in God the Father and in God the Son, the Lord Jesus Christ, Who is my Saviour, and in God the Holy Spirit. I accept the Bible as the supreme authority in matters of faith and conduct.'*

## I enclose:

- £12 Annual Subscription
- A donation of £ \_\_\_\_\_ towards the work of CTN.  
Cheques payable to "CTN"

Member's Signature

Date

**Send the completed form to:  
 CTN, 6 Lambourne House, Mallow Road, Hedge End, HANTS, SO30 4TQ**