



# UNIVERSAL FORCE INTERNATIONAL HARMONYUM ASSOCIATION

## REGISTRATION FOR CERTIFIED HARMONYUM PRACTITIONERS

To register, complete the form below, and submit with the following:

- Original signed Code of Ethics and Practice Agreement
- Copy of Certificate of Completion
- \$250.00 annual fee (for all applicants, US Funds ONLY by credit card, personal check through a US bank, or International money order – checks payable to Universal Force International Harmonyum Association.)
- Forms and fees can be sent via postal mail or priority service. They should be addressed to: **Universal Force Healing Center, c/o Universal Force International Harmonyum Association, 7 West 24<sup>th</sup> Street, New York, NY 10010.**
- When paying by credit card, you may fax your application to 413-639-8903.

**CONTACT INFORMATION. Please Print or Type.** The following information will be posted in our online registry and in our directory. If you do not wish all or part of your contact information published, please check the DNP (Do Not Publish) box at the end of each entry.

Name: \_\_\_\_\_ DNP \_\_\_\_\_  
                    First                      Middle                      Last

Address: \_\_\_\_\_ DNP \_\_\_\_\_  
                    Street                                      Apt

\_\_\_\_\_ DNP \_\_\_\_\_  
                    State                      Zip                      Country

Phone: \_\_\_\_\_ DNP \_\_\_\_\_ Other contact # \_\_\_\_\_ DNP \_\_\_\_\_  
                    This number will be posted on the website

Email \_\_\_\_\_ DNP \_\_\_\_\_

Website: \_\_\_\_\_ DNP \_\_\_\_\_

Please place check in space provided:

It is OK that the Universal Force International Harmonyum Association contacts me by email for correspondence:

\_\_\_\_\_.

I prefer another way of correspondence. Please write in when applicable. \_\_\_\_\_

Level of Certification: Harmonyum Level 1 practitioner \_\_\_\_\_  
                                    Harmonyum Level 2 practitioner \_\_\_\_\_  
                                    Harmonyum Level 3 Bio-Metaphysical Therapist \_\_\_\_\_

List place(s) and date(s) of Harmonyum Courses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years practiced? \_\_\_\_\_

**ETHICAL STANDARDS AND CONTINUING EDUCATION:**

Universal Force International Harmonyum Association requires all certified Harmonyum practitioners to sign and adhere to the Code of Ethics and Practice Agreement (to be kept on file with the Association). In addition, it is essential that Harmonyum Practitioners remain current with the teachings and practice of **Harmonyum** as stated in the Code of Ethics Practice Agreement.

**LEGAL AGREEMENT:**

I understand that I am granted by the Universal Force International Harmonyum Association use of a level-specific registration title for one year. Universal Force International Harmonyum Association retains the right to review my credentials at any time. Universal Force International Harmonyum Association may revoke my membership or right to use the registered title for cause, including failure to uphold the standards set forth in the Universal Force International Harmonyum Association Code of Ethics and Practice. By my signature below, I affirm that I meet the requirements of the **Harmonyum** level of practice for which I am applying. All information I have provided in connection with this application is true to the best of my knowledge. I hereby agree to meet the conditions set forth above. I understand that falsifying information in connection with this application will result in revocation of these privileges. I agree to meet all conditions imposed by Universal Force International Harmonyum Association in order to maintain these privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit card information (MasterCard, Visa)**

**Name of Applicant:** \_\_\_\_\_

**Name as it appears on your card:** \_\_\_\_\_

**MasterCard** \_\_\_\_\_ **Visa** \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_ **Credit Card Verification #** \_\_\_\_\_ **last 3 digits of number on back of card**

**Billing Address** \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Country

Signature: \_\_\_\_\_ Date: \_\_\_\_\_