



*Holistic Wellness - The Future*

## MEMBERSHIP APPLICATION

### PERSONAL DETAILS:

Title (Mr./Mrs./Ms./Dr): \_\_\_\_\_

Full name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*(Attach copy of your identity document to this application.)*

Gender: Male  Female

Nationality: \_\_\_\_\_

*Attached a photo not older than 6 months*

### CONTACT INFORMATION:

Home address:

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Province: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Which POSTNET is closest to you? \_\_\_\_\_

### QUALIFICATIONS:

Where did you study? \_\_\_\_\_

Course name: \_\_\_\_\_

Date of study: \_\_\_\_\_

Who was your mentor? \_\_\_\_\_

*(Attach certificate / testimonial)*

### PRACTICE INFORMATION:

Company / Practice name: \_\_\_\_\_

The address where you will be practicing:

Street: \_\_\_\_\_

Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Briefly Describe Your Traditional and Holistic Wellness Practice.

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

**PREVIOUS MEMBERSHIP:**

Have you previously been a member of **SATAHWA**?  Yes  No

Membership number: \_\_\_\_\_

Expiry date on membership certificate: \_\_\_\_\_

Have you previously been a member of any other association?  Yes  No

Membership number: \_\_\_\_\_

Expiry date on membership certificate: \_\_\_\_\_

**MEMBERSHIP APPLICATION CATEGORY** (Please tick the most relevant three)

**\*Subjected to additional requirements.**

1	Traditional Health Practitioner - using indigenous knowledge and plants for healing	
2	Diviner - Sangoma - performing rituals in healing supported by indigenous Herbs	
3	Diviner - Nyanga - work with indigenous plant medicine for healing	
4	Diviner – Prophet * – profiteering according to Ancestral/Christian beliefs	
5	Traditional Birth attendant* - attends to women during pregnancy, labour. Use herbs	
6	Traditional surgeon *	
7	Ethnomedical Practitioner - focus on Herbal remedies for various ailments	
8	Traditional trainer/master/tutor/teacher/Gobela*	
9	Herbalist - qualification in Herbal Medicines	
10	Natural Health Practitioner - improves health using Herbal Medicines	
11	Cell Nutrition Practitioner* - micro mineral treatment supported with Herbs	
12	Iridologist* - detect unbalanced conditions in the iris and treat with Herbal Medicine	
13	Biofeedback practitioner* – Using a scanner to detect unbalanced tissue	
14	Wellness & Lifestyle Practitioner * - aids clients in setting and achieving health goals supported by Herbal Medicines	
16	Other	
17	Herbal Product Manufacturer*	
18	Herbal Product Retailer*	

Elaborate on others: \_\_\_\_\_

\_\_\_\_\_

Indicate which one of the above categories do you want to be on your certificate?

\_\_\_\_\_

## MEMBERSHIP FEES

Registration fee. Payable with registration: R 750.00

Application fee for Active Members from other associations: R500.00

Yearly renewal fee payable is 12 months after initial registration: R 500.00

Membership maybe declined without any given reason.

- I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application or termination of my membership if already granted.
- I hereby give my consent to display my name and contact details on the website.

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Applicant's Signature:

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Date

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Witness Signature:

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Date

Who referred you to SATAWA? \_\_\_\_\_

Please submit this completed form along with any required documentation to the SATAHWA membership committee.

For inquiries, contact [bronco@satahwa.org](mailto:bronco@satahwa.org)

Willem Bronkhorst: 083 743 1169.