



“Recognizing Islamic alternative healing methods.”

11837 Jewel Street Ext 13 Lenasia 1827 | 0723511477 | 0786283702 | info@hijasa.co.za

Application for membership

Full name: _____ Identity number: _____

Cellphone number: _____ Email address: _____

Address of practice:

Tell us more about where you studied :

Institution/Centre you studied at : _____

Institution’s contact details : _____

Date of qualification: _____

Which Hijama course did you complete:

Level 1

Level 2

Level 3

Ruqyah

Date of qualification: _____

**(Kindly attach a copy of your certificate together with ID copy to:
info@hijasa.co.za)**

Do you accept the rules and regulations of the Hijama Association of South Africa?

- A. Yes
- B. No

Terms & Conditions:

- The annual registration fee of R500 per annum is due and payable before the issuing of your certificate.
- Strictly no refunds will be given.
- An inspection will be conducted at any time to ensure that all Practitioners /Therapists comply with rules and standards set by HASA.
- The Hijama Association of South Africa assumes that you have read and acknowledged the terms & conditions before signing.
- Signing means you have agreed to all terms & conditions stated.
- Members will be issued with a registration number which will be reflected on the certificate issued by HASA.

Kindly note : This is a legally binding contract between the Signer and the Hijama Association of South Africa.

Name: _____

Date signed: _____

Signature: _____

Kindly forward the signed registration form together with a copy of your ID/Driver's license to: info@hijasa.co.za

Banking details for membership payment is as follows:

Account holder: Hijama Association of South Africa

Account number: 62659775989

Bank: FNB Lenasia

Stokvel account/savings account

Please email proof of payment to info@hijasa.co.za