



Professional Association

20822 Cactus Loop, Suite 300, San Antonio, Texas 78258 (210) 607-4202 • Fax (210) 497-8532 info@HTPProfessionalAssociation.com

The Heart of Healing Touch

HTPA Liability Renewal Form PLEASE PRINT

Name _____ Date: _____

HTPA Member Number: _____

Address ONLY IF CHANGE _____

E-mail ONLY IF CHANGE _____

1. Has there been any change in your practice/business? Yes No

If Yes, please describe change _____

2. Have you added any modalities to your practice? Yes No

If Yes, what modalities have you added _____

Choose your insurance renewal:

Student Member Liability Cost: \$115

Practitioner Member Liability Cost: \$140

Instructor Member Liability Cost: \$240

Additional insured \$10 each administrative fee. (Please attach page with a list of Landlords or Loss Payee you want listed on your insurance certificate. Include name and address)

Renew my HTPA Membership: Regular Member Renewal \$100 Charter Member Renewal \$85

I have enclosed a check for \$ _____ Please charge my credit card for \$ _____

Visa / MC / Discover Card # _____

Exp Date _____ Safety Code _____

Signature _____

Send to: Healing Touch Professional Association, 20822 Cactus Loop, San Antonio, TX 78258 or Fax 210-497-8532