

**AFRICAN NATIONAL HEALERS ASSOCIATION**

**89/05294/08**

**“HEALTH THROUGH CULTURAL HERITAGE”**

[**www.africannationalhealersassociation.org**](http://www.africannationalhealersassociation.org)

**(ALSO KNOWN AS ANHA)**

**1. Personal detail**

1.1 .Surname :………………………………………………….

1.2.Full names :………………………………………………..

1.3.Identity number :……………………………………………….

1.4.Nationality :………………………………………………..

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

1.5.Company name or name under which you are practicing under.

:………………………………………………..

1.6.Province :………………………………………………..

1.7.Postal address :………………………………………………..

………………………………………………..

………………………….Code:……………

1.8.Residetail address :………………………………………………..

………………………………………………..

………………………….Code:…………….

1.9.Contact no’s :Land line :………………………………..

:Fax no :……………………………….

:Cell no :……………………………….

:E-mail :……………………………….

1.10.Can you communicate in English ? :……………………………….

**2.Backgroud with traditional medication and - practices.**

2.1.Were you registered with ANHA before?..................................................

(If yes please attach the original certificate)

2.2.Is this a new application with AHNA? ……………………………….…

If yes, where did you hear about us? ………………………………….

2.3.Were you registered with another association before? …........…….…….

If yes, why did you give up your membership with them?........................

**3**.**Let’s see if you qualify**

3.1. Where did you study?...................................................................

(Attach the relevant documentation)

3.2. Who was your mentor? …………………………………………

(Attach a testimonial)

3.3. What is you modus operandi?.........................................................

(Attach a short business plan)

3.4.The address where you will be practicing from?..............................

………………………………………………………………………….

**4.What can you expect by registering**

4.1. You will be issued with a certificate

4.2. You will get a membership card

4.3. Your name will be loaded on the our website

4.4. Updates on the Interim Council / and the Law

4.5. Free advertising on our website.

**5**. **Costs to the applicant**

There are two categories

1. Sangoma’s, Inyanga’s and Baporofeta’s will pay R900.00 application fee.

If you want your certificate to be send to you by Postnet then you must deposit an extra R110.00.

2. Herbalist will pay R1500.00 application fee.

If you want your certificate to be send to you by Postnet then you must deposit an extra R110.00.

2.2. Cannabis Practice registration fee R2500

3. There is a R500.00 renewal fee annually and if you don’t pay it your name will be removed

from the database / website. The administrators are not responsible you remind you about

your annual renewal. R110.00 extra for Postnet.

**6. How to apply?**

6.1 Complete the form and get all your documentation ready.

6.2. Mail the application with all the documentations to:

Simphiwe Mahlaba – [mahlabasanha@gmail.com](mailto:mahlabasanha@gmail.com)

6.3. We will contact you if your application was successful and instruct you to make the

deposit.

6.4 Which Postnet is closest to you? …………………………………………..

All the information provided is true and correct and I undertake to pay my annual

renewal fee and I understand that my membership will be turned into a “dormant” if not paid.

Signed on this ………….. day of ……………. 20…… at ………………………..

……………………………………….

Signature