



# The Body Temple Institute Of Wholistic Health

## **Applicant Information**

Full Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

Home Phone:

(     )

\_\_\_\_\_

Email address:

Certification Applied  
for: \_\_\_\_\_

## **Information**

*Your personal information will be protected*

**How many pregnancies have you had? (check all that apply)**

1

4-6

0'

2-3

7-9

Have you had a  
 miscarriage? \_\_\_\_\_

**Do you use herbs and natural healing methods in your everyday life?**

No

yes

**What is your inspiration to be a fertility strategist and how do you propose to use this certification in your community?**

**How did you hear about The Mothership's classes?**

Facebook

A friend

Browsing the net

Instagram

Twitter

Website

Other \_\_\_\_\_

WHEN YOU FINISH FILLING OUT THE REGISTRATION FORM PLEASE SEND IT TO THE FOLLOWING EMAIL  
ADDRESS: **THEMOTHERSHIP999@GMAIL.COM**