



Bio-Balance Health Association Inc. Application Form for Membership

Bio-Balance Background – Brief Overview

Since its formation the Bio-Balance Health Association has worked to establish in Australia treatment for patients suffering from behavioural disorders and mental illnesses, such as schizophrenia and bipolar disorder, depression, autism, ADD/ADHD and learning disorders based on technologies developed by Dr. Carl Pfeiffer of the Princeton Brain Biocentre and further by Dr. William Walsh now of Walsh Research Institute.

These technologies have demonstrated a high level of effectiveness in treating these disorders by assessing each patient's body chemistry imbalances and prescribing an individualized nutritional supplement program to balance the body chemistry.

Bio-Balance's efforts resulted in Dr William Walsh PhD visiting Australia in 2004 and again in 2005, 2006, 2007, 2008, 2009 and 2010 to train selected Australian medical practitioners and to address public and practitioner meetings in Sydney, Brisbane and on the Gold Coast. Further visits are planned.

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Membership of Bio-Balance gives you:

- Information on forthcoming visits to Australia by Dr. Walsh and the Walsh Research Institute
- A Newsletter keeping members up to date on items of interest
- A range of library books
- Links to web sites of interest
- Annual Membership is \$10 for 12 months and all member information is strictly confidential.

For further information please contact Bio-Balance on:

Phone: (07) 5538 7203
 Fax: (07) 5538 4599
 Email: info@biobalance.org.au
 Web: www.biobalance.org.au

Or write to:

Bio-Balance Health Association Inc
 PO Box 7795 Gold Coast Mail Centre Qld 4217

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MEMBERSHIP APPLICATION FORM

- New Membership**
 Renewal

To join or renew your Bio-Balance Health Association membership please return completed form to:

Bio Balance Health Association, PO Box 7795, Gold Coast Mail Centre, Qld, 4217

Membership is for 12 months from April - March.
Annual Membership Fee is \$10.00

Date:/...../.....

Last Name:.....First.....

Address:

.....State.....Post Code.....

Phone: Fax: Email:@.....

Mobile.....

Membership Fee Enclosed \$.....

Donation \$.....(All donations over \$2.00 are tax deductible)

Total \$.....

Direct Deposits to: Bank: ANZ BSB: 014 701 Account: 3511 35759

***Please use name as Reference when making direct deposits to ensure a receipt is issued.**