**The Thriving Foundation**

(AKA formerly PureBeautiful Healing Foundation)

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Application for Program 2

(Please write legibly or type)

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| --- | --- | --- |
| Title**: 2020 Monthly Empowerment Program on**  **Mastering Qi for More Prosperity and**  **Abundance** | Date: Monthly (as specified in the Program Description) | Location: At Your Own Home via  (unless otherwise notified) |

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| --- | --- | --- | --- | --- | --- |
| \*First Name: | | | \*Last Name: | | |
| Gender: | | | DOB or Age (at your discretion, only for deeper connection  with you during transmission): | | |
| Address: | | | | | |
| City: | \*State: | | | \*Country: | |
| Profession: | | \*Phone: | | | Skills: |
| Education: | | Hobbies: | | | |
| **\*E-mail** (please use your personal, not company E-mail address, preferably  **not** an **AOL** E-mail address)**:** | | | | | |
| Current Conditions, Concerns, & Needs: | | | | | |
| What have you practiced? Qi Gong  Yoga  Tai Ji Quan  Reiki  Meditation   Dancing  Singing  Spiritual Ceremonies  Other: | | | | | |
| How did you hear about us? Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flyers  Internet  eNewsltter   Have taken Master Mu’s other classes/workshops  Other:\_\_\_\_\_\_\_ | | | | | |
| **Waiver of Responsibility**: I warrant that I am physically, mentally and emotionally able to participate in this  program. Furthermore, I release the teachers and affiliates of PureBeautiful Healing Foundation of responsibility for my  physical, mental, and emotional well-being. **\***Yes (Initial Here) \_\_\_\_\_\_  No\_\_\_ (Please don’t submit the application.)  Please answer the following 4 questions. The first 3 are required while the last one is optional.   1. Please let us know what blockages you think you may have that have kept you from getting what you want and what you have done so far to increase your abundance and prosperity:     Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Please share with us WHY you would like to participate in this program:      1. Do you know your life purpose?   If yes, please describe your life purpose and how you believe the program may help you get in  alignment with your life purpose:  If no, what do you think you are here to do with your life? What do you absolutely love doing whether you are paid or not?   1. PureBeautiful Healing Foundation (PBHF) is a non-profit 501c(3) educational organization. If you feel that you **resonate** with the energy field of PBHF and our mission, support PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world. support PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world. and would like to **contribute to** our **life-changing PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world. PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world.work** of creating more **love**, **abundance**, and **beauty** in the world, PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world. PBHF's life-changing work of creating more abundance in health, wealth, and happiness in the world. please describe what skills or experiences you have that you believe may help our work reach out to more people in need of **abundance in love, beauty, happiness,** and **prosperity**. Examples are skills in **marketing** (including **creative uses of social media, connections to TV/radio interviews** or **opportunities to speak at conferences), event planning, website updating & maintenance, IT experiences, office equipment repair, SEO, audio recording, video filming, audio/video editing, photographing, webinar operating, transcribing, graphic designing, livestreaming, creative writing**, etc.   **\***Initial Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please email your application** to [pbh@purebeautifulhealing.org](mailto:pbh@purebeautifulhealing.org) with a Subject Title: **Urgent & Important –**  **Application for Program 2**. We’ll review your application soon upon receipt. As soon as you are notified that  you have been approved to enroll, you can register right away at [www.PureBeautifulHealing.org](http://www.PureBeautifulHealing.org) under **Current**  **Programs**.  \*By entering your initials in the box, you are effectively providing your signature, indicating that all the information on this form is true and accurate, to the best of your knowledge. | | | | | |
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Updated 11/14/2020