APPLICATION FOR MEMBERSHIP

PLEASE PRINT LEGIBLY	APPLICANT INFORMATION	PLEASE PRINT LEGIBLY
Name of Member:		Date:
Current address:		
City:	State/Province:	Postal Code:
Gender: ☐ M ☐ F	Email:	
Web Address:		Daytime Phone:
Evening Phone:	Fax:	Cell Phone:
Highest Degree Obtained:		

OCCUPATION INFORMATION

LIST YOUR PRIMARY PROFESSION:

(Check one) I am: ☐ Licensed ☐ Certified ☐ Both Licensed and Certified ☐ Neither Licensed nor Certified

Please list all current healthcare and spiritual healing licenses and certifications:

Please list the healing techniques and modalities you currently use:

Please check the Membership Classification requested:	
☐ **Professional Member: $235.00 USD or CAD**	**Person to be certified as Medical Biofeedback Supervisor:**
☐ **Insurance Member: Per Quotation**	______________________________
☐ **Journal Member: $150.00 USD or CAD**	**Name of person(s) to be certified as Biofeedback Technicians:**
☐ **Internet Member: $75.00 USD or CAD**	______________________________
Insurance available in USA and Canada (except Quebec)	______________________________

Fax to: 888-642-9992, email attachment to: info@mbacb.com or mail to: MBACB, 361 So Camino Del Rio #102
Durango, CO 81303-7997 - Enclose check or money order. ☐ Check here if you paid online by credit card.