



P.O. Box 103 Swannanoa, NC 28778 800-710-1539 ext.2 <http://mbacb.com> MedBFB@gmail.com

Charter Membership Application with Insurance

Name _____ License # _____

Company _____

Address _____

City _____ State/Province _____ ZIP _____ Country _____

License Name _____ Number _____

License Expiration Date _____

Business Phone _____ Home _____ Cell _____

Email _____ Web Address _____

I am interested in:

_____ Peer reviewing one research article for our Journal the next calendar year

_____ Volunteering staff time to mentor a member with a new technician

_____ Volunteer to serve on the Association Ethics Committee

_____ Volunteer to serve on the Association Grievance Committee

Signature _____ Date _____

Please send your application and check for \$295 US to:

MBACB

PO Box 103

Swannanoa, NC 28778

Or email your completed application to MedBFB@gmail.com and pay by credit card over our secure and confidential credit card gateway at: <http://IPXServices.com/MBACB/fees.html>