



International Society for Neurofeedback and Research  
800-847-4986 or 361-949-1738

Membership Application for International Members  
(Dues Include the *Journal of Neurotherapy*)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Mid.Init. \_\_\_\_\_ Highest Degree \_\_\_\_\_  
 Dr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Business Affiliation: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: Voice \* \_\_\_\_\_ Fax\* \_\_\_\_\_ Web Site \_\_\_\_\_

*\*(International Members: Please include your country code with your telephone and fax numbers. Please be certain you have included all of the address information necessary for successful mailing of your journal and newsletter.)*

**Current and Valid Licenses and Certificates (Please list all that apply):**

Professional License \_\_\_\_\_ State/Country \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_  
 Professional Certification \_\_\_\_\_ State/Country \_\_\_\_\_ Number \_\_\_\_\_ Expires \_\_\_\_\_  
 National Professional Certification Board \_\_\_\_\_ Expires \_\_\_\_\_

**Areas of Research Interest in EEG Neurofeedback:**

ADD/ADHD     Behavior Disorders     Head Injury     Pain Management     QEEG  
 Age-Related Disorders     Cerebral Blood Flow     Insomnia     Peak Performance     Respiration  
 Anxiety     Coma     Learning Disability     Personality Disorder     Social Work  
 AVE     Depression     OCD     PTSD     Substance Abuse  
 Other (Please Specify) \_\_\_\_\_

**Membership Categories:**

**NOTE: Membership is by calendar year from January to December.**

- Individual: (January 1, 2009 to December 31, 2009) \$125
- Associate Membership (Includes Electronic-only copies of JN) \$ 60
- Two Year Membership (10% Discount, January 1, 2009 to December 31, 2010) \$225
- Membership for Two: (1 JN & 1 Newsletter & full voting rights for 2) \$225
- Student: (Letter from faculty advisor indicating full time enrollment in degree program required) \$ 60
- Corporate Membership (see our website, [www.isnr.org](http://www.isnr.org) or call for details) \$275

**Research Foundation Donations:**

\$25     \$50     \$75     \$100     Other \$ \_\_\_\_\_

**Student Fund Donations:**

\$25     \$50     \$75     \$100     Other \$ \_\_\_\_\_

By submitting this membership application and dues, I agree to abide by the ISNR Code of Ethics  
 I also agree that information about my name, degree, business name, address, phone numbers and e-mail MAY be publically available (e.g., via the ISNR Web site and other places).

Check here if you do not want to receive emails from ISNR or our affiliate partner

Enclosed is a check for my annual dues \$ \_\_\_\_\_ & donations \$ \_\_\_\_\_ for a total enclosed of \$ \_\_\_\_\_.

(Please make checks payable to the International Society for Neurofeedback & Research or ISNR)

Visa/MasterCard/AmEx # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV (3-digit # on back) \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail completed application to:

ISNR, 14493 S. Padre Island Dr., Suite A, PMB 257, Corpus Christi, TX 78418 USA  
 Email: [annmarie@isnr.org](mailto:annmarie@isnr.org) Phone: 361-949-1738; FAX Credit Card Payments to: 361-949-4820