



2010 Membership Form for International Members
New or Renewal
 (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 _____

**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:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Pain Management | <input type="checkbox"/> QEEG |
| <input type="checkbox"/> Age-Related Disorders | <input type="checkbox"/> Cerebral Blood Flow | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Peak Performance | <input type="checkbox"/> Respiration |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Coma | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> AVE | <input type="checkbox"/> Depression | <input type="checkbox"/> OCD | <input type="checkbox"/> PTSD | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Other (Please Specify) _____ | | | | |

Membership Categories:

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

- | | |
|---|--------|
| <input type="checkbox"/> Individual: (January 1, 2010 to December 31, 2010) | \$ 135 |
| <input type="checkbox"/> Associate Membership (Includes Electronic-only copies of JN) | \$ 65 |
| <input type="checkbox"/> Two Year Membership (10% Discount, January 1, 2010 to December 31, 2011) | \$ 245 |
| <input type="checkbox"/> Membership for Two: (1 JN & 1 Newsletter & full voting rights for 2) | \$ 245 |
| <input type="checkbox"/> Student: (Letter from faculty advisor indicating full time enrollment in degree program required) | \$ 65 |
| <input type="checkbox"/> Corporate Membership (see our website, www.isnr.org or call for details) | \$ 300 |

Research Foundation Donations:

Student Fund Donations:

- \$25 \$50 \$75 \$100 Other \$ _____ \$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 made publicly available (e.g., via the ISNR Web site and other places).

I understand I may receive periodic emails from ISNR.

Check here if you don't want to receive emails from ISNR or our affiliate partners

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

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

VISA/MasterCard/Amex # _____ Expiration Date _____

Name on Credit Card _____ cvv _____

Billing Zip Code _____ Signature _____