



2010 Membership Form for U.S. 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: _____ Zip 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:

- | | | | | |
|----------------------------------|-------------------------|-------------------------|--------------------------|---------------------|
| ___ 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: ISNR has a calendar year membership – January to December

- | | |
|--|--------|
| <input type="checkbox"/> Individual (January 1, 2010 to December 31, 2010) | \$ 190 |
| <input type="checkbox"/> Individual (2 yrs. - 10% discount, January 1, 2010 through December 31, 2011) | \$ 340 |
| <input type="checkbox"/> Membership for Two: (1 JN & 1 Newsletter, Full voting rights for 2) | \$ 330 |
| <input type="checkbox"/> Retired: (65 AND no longer practicing or teaching) | \$ 140 |
| <input type="checkbox"/> Student: (Letter from faculty advisor indicating full time enrollment in degree program required) | \$ 70 |
| <input type="checkbox"/> Intern/Post Doc: (Letter from supervisor required) | \$ 105 |
| <input type="checkbox"/> Corporate Membership: (See our Web site, www.isnr.org, or call for details) | \$ 420 |

Research Fund Donations:

Student Fund Donations:

- | | | | | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|--------------------------------|---|-------------------------------|-------------------------------|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$100 | <input type="checkbox"/> 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 _____

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