



# Member Application Form

## Instructions:

If you are a new member, please fill out this form as completely as possible and choose the appropriate payment amount. If you are using this form to renew your membership, please fill in your name, any information that has changed, and choose the appropriate payment. If you are a student, please be sure to include a copy of your college ID.

Please mail this application and payment to:

**IMBRE, 955 Massachusetts Avenue #161, Cambridge, MA 02139, Attn: Membership Committee**

Do not send cash; only check or money order will be accepted.

|                   |  |
|-------------------|--|
| Internal Use Only |  |
| Date              | <input type="checkbox"/> plus \$ <input type="checkbox"/> DB |
| col #             |  |

## Member's Information

Name (Mr./Mrs./Ms./Dr.)

Address

City, State and Zip

Home Phone

Work Phone

Ext.

Email

Employer

Job Title

Please select the field which you are employed in

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting/Finance/<br>Brokerage | <input type="checkbox"/> Government                  | <input type="checkbox"/> Student                                 |
| <input type="checkbox"/> Administrative/Secretarial       | <input type="checkbox"/> Medical/Healthcare          | <input type="checkbox"/> Technical/Engineering                   |
| <input type="checkbox"/> Customer<br>Service/Support      | <input type="checkbox"/> CCIS/IT/MIS                 | <input type="checkbox"/> Writer/Journalism                       |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Professional                | <input type="checkbox"/> Web Development/<br>Internet/e-Commerce |
| <input type="checkbox"/> Executive/Sr. Management         | <input type="checkbox"/> Retired                     | <input type="checkbox"/> Other: _____                            |
|   | <input type="checkbox"/> Sales/Marketing/Advertising |  |

Alma Mater (undergraduate)

- |                                     |   |  |                      |
|-------------------------------------|---|--|----------------------|
| <input type="checkbox"/> Associates | <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Science | Year                 |
|                                     |   |  | <input type="text"/> |

Graduate School

- |                             |                              |                             |                             |                                |                                      |                      |
|-----------------------------|------------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------------|----------------------|
| <input type="checkbox"/> MA | <input type="checkbox"/> MBA | <input type="checkbox"/> JD | <input type="checkbox"/> MD | <input type="checkbox"/> Ph D. | <input type="checkbox"/> Other _____ | Year                 |
|                             |                              |                             |                             |                                |                                      | <input type="text"/> |

How did you hear about IMBRE?

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> College               | <input type="checkbox"/> Internet    | <input type="checkbox"/> IMBRE Member |
| <input type="checkbox"/> Corporation/Co-Worker | <input type="checkbox"/> Mailing     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family/Friend         | <input type="checkbox"/> IMBRE Event |                                       |

Please check off any you may be interested in

- |   |                                       |  |
|---|---------------------------------------|--|
| <b>Committees</b>                                 |                                       | <b>SIGs (Special Interest Groups)</b>    |
| <input type="checkbox"/> Community/Public Service | <input type="checkbox"/> Membership   | <input type="checkbox"/> Hypnosis        |
| <input type="checkbox"/> Corporate Relations      | <input type="checkbox"/> Education    | <input type="checkbox"/> NLP             |
| <input type="checkbox"/> Events                   | <input type="checkbox"/> Publications | <input type="checkbox"/> Bodywork        |
| <input type="checkbox"/> Fund Raising             | <input type="checkbox"/> Scholarship  | <input type="checkbox"/> Performing Arts |

## Member's Spousal Information

Name (Mr./Mrs./Ms./Dr.)

Work Phone

Ext.

Email

Employer

Job Title

Please select the field which you are employed in

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting/Finance/<br>Brokerage | <input type="checkbox"/> Government                  | <input type="checkbox"/> Student                                 |
| <input type="checkbox"/> Administrative/Secretarial       | <input type="checkbox"/> Medical/Healthcare          | <input type="checkbox"/> Technical/Engineering                   |
| <input type="checkbox"/> Customer<br>Service/Support      | <input type="checkbox"/> CCIS/IT/MIS                 | <input type="checkbox"/> Writer/Journalism                       |
| <input type="checkbox"/> Education                        | <input type="checkbox"/> Professional                | <input type="checkbox"/> Web Development/<br>Internet/e-Commerce |
| <input type="checkbox"/> Executive/Sr. Management         | <input type="checkbox"/> Retired                     | <input type="checkbox"/> Other: _____                            |
|   | <input type="checkbox"/> Sales/Marketing/Advertising |  |

Alma Mater (undergraduate)

- |                                     |   |  |                      |
|-------------------------------------|---|--|----------------------|
| <input type="checkbox"/> Associates | <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Science | Year                 |
|                                     |   |  | <input type="text"/> |

Graduate School

- |                             |                              |                             |                             |                                |                                      |                      |
|-----------------------------|------------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------------|----------------------|
| <input type="checkbox"/> MA | <input type="checkbox"/> MBA | <input type="checkbox"/> JD | <input type="checkbox"/> MD | <input type="checkbox"/> Ph D. | <input type="checkbox"/> Other _____ | Year                 |
|                             |                              |                             |                             |                                |                                      | <input type="text"/> |

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## Mission:

To advance our understanding of the mind/body connection.

## Contact

Should you have any questions, feel free to contact us at

IMBRE Headquarters: (617) 395-6611

E-mail: [info@IMBRE.org](mailto:info@IMBRE.org)

Website: [www.IMBRE.org](http://www.IMBRE.org)

## Payment Information

|               | New  |       | Renewal |       |       |
|---------------|------|-------|---------|-------|-------|
|               | 1Y   | 2Y    | 1Y      | 2Y    |       |
| Associate     | \$39 | \$65  | \$39    | \$65  | _____ |
| Full          | \$89 | \$150 | \$89    | \$150 | _____ |
| Student       | \$20 | n/a   | \$20    | n/a   | _____ |
| <b>Total:</b> |      |       |         |       | _____ |