



Feldenkrais Guild® of North America  
 5436 N. Albina Ave  
 Portland, OR 97217  
 800.775.2118  
 Fax: 503.221.6616

# 2012 Student Membership Year 3 & 4

Name: \_\_\_\_\_ 4-digit FGNA ID# \_\_\_\_\_

First	Last	4-digit FGNA ID#
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### Student Awareness Through Movement® Teacher Authorization - Please Sign if Applicable

Students who have completed their second year of training can begin teaching *Awareness Through Movement* lessons after receiving: 1. their Educational Director's permission and 2. after signing the following agreement and returning it to FGNA.

I have read and agree to follow the Service Mark Policy for Student *Awareness Through Movement* teachers. I understand that I am only eligible to teach *Awareness Through Movement* lessons and to use the service marks while I am enrolled in an accredited training.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FGNA Options & Fees

<input checked="" type="checkbox"/> Year 3 & 4 Student Membership Must be enrolled in a NATAB, EuroTAB, or AusTAB accredited Feldenkrais® Professional Training Program, which is in Year 3 or 4 for 2011.	\$120**
<input checked="" type="checkbox"/> Listings 1 Website & 1 membership directory listing (included)	Free
Add additional website & Directory Listing(s) (\$50 each, 3 max) <input type="checkbox"/> 1 (\$50) <input type="checkbox"/> 2 (\$100) <input type="checkbox"/> 3 (\$150)	
<b>Fees</b>	
<input type="checkbox"/> Payment Plan <sup>1</sup> Start month _____ #/payments x \$5/payment=	
<input type="checkbox"/> \$25 Late fee - Renewal or payment arrangements after 12/1/11, waved if new member.	
<b>FGNA Contribution</b>	
<input type="checkbox"/> General	
<input type="checkbox"/> Assist other practitioners with dues	
<b>Total Due FGNA</b>	

\*\*All fees in US dollars.

### FEFNA Donations\*\*\*

<input type="checkbox"/> General Donation	
Esther Thelen Research Fund	
Category: <input type="checkbox"/> General	
<input type="checkbox"/> Research	
<input type="checkbox"/> Training	
<input type="checkbox"/> FeldSci	
<input type="checkbox"/> Oral History Project	
<b>Total due FEFNA</b>	

\*\*\*Donations are tax deductible to the extent allowed by law.

### FGNA- Enter Payment Types

- Check (Payable to FGNA with payment in full)
- By Credit Card (Payable to FGNA)

### FEFNA- Enter Payment Types

- Check (Payable to FEFNA with payment in full)
- By Credit Card (Payable to FEFNA)

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3-4 Digit Security \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>By Payment Plan- Available by credit card only (add payment plan fee & card info above). Card to be charged between the 20th & 30th in consecutive months starting on month above. Total due is split into equal payments for the number of payments above, rounded up to a whole dollar amount, with balance charged in final month. \$25 late fee applies if payment arrangements made after 12/1/2011.

Name:

4-digit FGNA ID#

First	Last	
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**Best contact information for FGNA to reach you**

Mailing Address

Phone

Business Name	
Address Line 1	
Address Line 2	
City, State, Zip	
Country	
Email	
Website	

Business	
Home	
Cell	
Fax	

**Directory Listing 1 (Free)**

Street address not published on web

Use same as contact info above?

Phone

Business Name	
Address Line 1	
Address Line 2	
City, State, Zip	
Country	
Email	
Website	

Business	
Home	
Cell	
Fax	

**Use for:**  FGNA Website  
 Printed Member Directory  
 Don't list me on FGNA's Website  
 Office use only

Specialties (maximum 30 words):

Office use: \_\_\_Enter ATM Form \_\_\_Check Internet listing