



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

2012 Associate Membership

All countries

Deadline: December 1, 2011

Name: 4-digit FGNA ID#

First	Last	
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FGNA Options & Fees*

<input checked="" type="checkbox"/>	Associate Membership Not currently practicing the <i>Feldenkrais Method</i> ®. No authorization to use FGNA's service marks.	\$165
Fees		
<input type="checkbox"/>	Payment Plan ¹ Start month _____ #/payments x \$5/payment=	
<input type="checkbox"/>	\$25 Late fee - Renewal or payment arrangements after 12/1/11	
FGNA Contribution		
<input type="checkbox"/>	General	
<input type="checkbox"/>	Assist other practitioners with dues	
Total Due FGNA		

*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	
Total due FEFNA		

**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 _____

¹By 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		Business	
Address Line 1		Home	
Address Line 2		Cell	
City, State, Zip		Fax	
Country			
Email			
Website			

Directory Listing 1* (Free)

Use same as contact info above?

Phone

Business Name		Business	
Address Line 1		Home	
Address Line 2		Cell	
City, State, Zip		Fax	
Country		Use for:	
Email		<input type="checkbox"/> Printed Member Directory	
Website		<input type="checkbox"/> Don't list me in Directory	

Specialties (maximum 30 words):

*No listing on website.