



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

2012 Professional Membership International

Deadline: December 1, 2011

Name: _____ 4-digit FGNA ID# _____

First	Last	4-digit FGNA ID#
-------	------	------------------

Certification Statement - Please Sign

• I have fulfilled the requirements for certification renewal*, and I agree to abide by the FGNA Code of Professional Conduct, and to follow FGNA's Standards of Practice for the *Feldenkrais Method*® and the FGNA service marks and trademarks policy.*

Signature _____ Date _____

*Annual certification requirements, policies and provisional certification form available here:
<http://www.feldenkrais.com/resources/page/certification/>

Don't meet the requirements? Please sign and send a provisional certification form.

FGNA Options & Fees

<input checked="" type="checkbox"/> International Professional Membership (For mailing address outside of the US or Canada. Includes certification)	\$200**
<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)	
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)

Card # _____ Exp Date _____ 3-4 Digit Security _____

Signature _____ Date _____

FEFNA- Enter Payment Types

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

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	
-------	------	--

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

Specialties (maximum 30 words):

Take advantage of your membership benefits!

As a member of FGNA, you can **advertise events on our website for free.** (We're always in need of more international classes.)

Find out more at: <http://www.feldenkrais.com/events/promote/>