



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

# 2012 Professional Membership United States

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

First	Last	
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**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 or are not currently certified?** Please sign and send a provisional certification form.

**FGNA Options & Fees**

<input checked="" type="checkbox"/> US Professional Membership (includes certification)	\$400
<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 checked="" type="checkbox"/> \$25 Late fee - Renewal or payment arrangements after 12/1/11	\$25
<b>FGNA Contribution</b>	
<input type="checkbox"/> General	
<input type="checkbox"/> Assist other practitioners with dues	
<b>Total Due FGNA</b>	

**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)

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)

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

**Directory Listing 1 (Free)**

Street address not published on web

Use same as contact info above?

Phone

Business Name		Business	
Address Line 1		Home	
Address Line 2		Cell	
City, State, Zip		Fax	
Country		<b>Use for:</b>	
Email		<input type="checkbox"/> FGNA Website	
Website		<input type="checkbox"/> Printed Member Directory	
		<input type="checkbox"/> Don't list me on FGNA's Website	
Specialties (maximum 30 words):			