

BSC APPLICATION FOR MEMBERSHIP OR RENEWAL

Joining BSC when registering for the conference entitles new members to 2008 conference benefits in addition to 2009 calendar year membership.

Name _____ Degree _____ * E-Mail _____

Mailing Address _____ Apt/Ste _____

City _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Check if this is new information.

Membership Category for which You Are Applying

- FULL..... before 12-31-08..... \$95..... after 12-31-08 \$125
- SUPPORTING (Does not include the newsletter) before 12-31-08..... \$75..... after 12-31-08 \$95
- FULL TIME STUDENT before 12-31-08 \$50..... after 12-31-08 \$65

Academic Institution _____ Supervisor _____

(Proof of full-time student status is required.)

- RETIREE before 12-31-08 \$55..... after 12-31-08..... \$75

(This category is applicable to those sixty-five years of age and older who are retired from biofeedback practice.)

Web site listing Do you want to be listed on the web? No, thanks Yes, with information above Yes, with information below

Name (First) _____ (Last) _____ Degree _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ * E-Mail _____

Certification: BSC# _____ Expires _____ BCIA# _____ Expires _____

Profession _____ License(s) _____

Experience in biofeedback _____

Preferred Modalities

- | | | | |
|------------------------------|-------|---------------------------|-------|
| 1 EMG | _____ | 7 Respiratory Rhythms ... | _____ |
| 2 EEG..... | _____ | 8 HEG..... | _____ |
| 3 QEEG..... | _____ | 9 Other | _____ |
| 4 Skin Temperature | _____ | | _____ |
| 5 Heart Rate Variability ... | _____ | | _____ |
| 6 Skin Conductance..... | _____ | | |

In accepting membership into the Society I agree to be bound by BSC's Bylaws and Ethical Code

Signature _____ Date _____

Please make check payable and return to: **BSC** PO Box 2895 Mission Viejo, CA 92690.

* Check here if you don't want to receive email from BSC or our affiliate partners.

Pay with Visa or MasterCard

Visa Card MasterCard

Card # _____

3- digit cvv code _____

Exp. Date: ____/____

Signature: _____