



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 12-31-09 ... \$95after 12-31-09 \$125
- SUPPORTING (Does not include the newsletter)before 12-31-09 ... \$75after 12-31-09 \$95
- FULL TIME STUDENTbefore 12-31-09 .. \$50.....after 12-31-09 \$65

Academic Institution _____ Supervisor _____

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

- RETIREE before 12-31-09\$55 after 12-31-09\$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 Specialties

- 1 B—Biofeedback _____
- 2 N—Neurofeedback . . . _____
- 3 Q—QEEG _____
- 4 M—BCIA Mentoring . _____

Pay with Visa or MasterCard

- Visa Card MasterCard

Card # _____

3- digit cvv code _____

Exp. Date: ____/____/____

Signature: _____

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.