



# Biofeedback Society of Texas

Application  
for 2010  
Membership

Please print this form and fill the blanks with neat printing.

## Applicant Information

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s)

Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_

BCIA Certified \_\_\_\_ EEG Certified \_\_\_\_ AAPB member \_\_\_\_ ISNR member \_\_\_\_

Profession \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_

Licensure \_\_\_\_\_ License Number \_\_\_\_\_ State issued \_\_\_\_\_

May we share your name & address with 3<sup>rd</sup> parties within the Biofeedback profession? Yes\_\_ No\_\_.

## Professional Recommendation

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s)

Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-Mail address \_\_\_\_\_

## Membership Request **\*\*\*VITA OR RESUME MUST BE ENCLOSED\*\*\***

Full Membership \$70.00

Affiliate Membership \$30.00

Student Membership \$30.00 (Include proof of student status such as Student ID)

*I affirm that the information in this application for membership is true and accurate. In accepting membership into the Biofeedback Society of Texas, I agree to be bound by the By-Laws and Ethical Principles of the Society.*

Signature \_\_\_\_\_ Date \_\_\_\_\_, 2010

**Mail this application with a check (payable to BST) to:  
Biofeedback Society of Texas, 507 Creek Run Circle, Salado, TX 76571**