

Imagery International Membership Form

Name: _____ Date _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Website: _____

Credentials: _____

Membership Type (Membership is good for one year from the date you joined.)

---Imagery International Member -- \$50.00

---Imagery International Member + hard copy of ImagiNews journal (USA) -- \$65.00

---Imagery International Member + hard copy of ImagiNews journal (international) -- \$75.00

Do you want to be listed in our online directory? Yes _____ No _____

You will be given an ID and password to edit your information. If you wish to be listed in the online directory, please fill out the following information. Listings must be approved before they are published. If you do not wish for something to be published, please leave the following fields blank.

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Business E-mail Address: _____

Business Website: _____

Occupation: _____

Imagery Training: _____

Practice Description (please keep to 50 words or less). Use the back if you need more space:

Please send checks for payment and this membership form to:

Imagery International
1574 Coburg Rd. #555
Eugene, OR 97401-4802