



WABN APPLICATION FOR MEMBERSHIP OR RENEWAL ~ 2016

Name: _____ Degree: _____

Mailing Address: _____ Apt/Ste _____

City/State: _____ Zip: _____

Phone:(_____) _____ E-MAIL: _____

How did you hear about the WABN? _____

MEMBERSHIP CATEGORY FOR WHICH YOU ARE APPLYING (please check category)

- FULL MEMBERSHIP \$95
- SUPPORTING MEMBERSHIP (*Does not include newsletter*) . \$95
- RETIREE MEMBERSHIP \$75
This category applies to those sixty-five years of age and older who are retired from biofeedback practice
- FULL TIME STUDENT (id required) \$35
Academic institution _____ Supervisor _____
- CORPORATE MEMBERSHIP \$155

To make membership as easy as possible we are providing multiple ways to renew your membership

1. **CHECK:** Fill out the membership application & mail it back with a check or credit card information.
2. **ONLINE:** Go directly to our website **biofeedbackneuroscience.com** and click on the member tab and pay with a credit card.
3. **PHONE:** Call us and talk to a live person or leave a message and we will call you back.
4. **FAX:** Fill out the membership application & fax it back with credit card information.

Preferred Specialties

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

*Please make check payable to and return to:
WABN, P.O. Box 833, Graton, CA 95444*

Pay with	<input type="checkbox"/> VISA or <input type="checkbox"/> MasterCard
Card # :	_____
3-digit CVV code:	_____
Exp. Date:	_____
Signature:	_____

____ In accepting membership into the WABN, I agree to be bound by WABN's Bylaws and Ethical Code.

signature: _____ date: _____

Western Association of Biofeedback & Neuroscience (WABN)
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 mail: biofeedbackcalifornia@gmail.com Website: biofeedbackneuroscience.com