

**The Biofeedback Society of Florida, Inc.**

C/o 1230 S. Federal Highway, Suite 101  
Boynton Beach, FL 33435  
561-742-7122  
FAX: 561-742-7452

Membership Application/Renewal

Please complete the form below with the information as you would like it to appear in the BSF director. Please be sure to include practice specialty information. Return the form to the address above with your dues check or credit card authorization. Thank you for your participation in the Biofeedback Society of Florida.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Alternate telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Professional affiliations (AAPB, BCIA, Other):** \_\_\_\_\_

**Practice specialty areas (important for directory!):** \_\_\_\_\_

\_\_\_\_\_

**Profession & license number:** \_\_\_\_\_ **Credential (PhD, MD, MS, etc)** \_\_\_\_\_

I am a:        \_\_\_\_\_ New Applicant        \_\_\_\_\_ Former Member  
                  \_\_\_\_\_ I would like to renew my former membership.  
                  \_\_\_\_\_ I would like to submit a new application for

I am enclosing my annual dues in the amount of:

\_\_\_\_\_ Full member - \$30. (health care professional/academician)  
\_\_\_\_\_ Associate member - \$20. (non-voting)  
\_\_\_\_\_ Student member - \$10.  
\_\_\_\_\_ Corporate member - \$50.

**Credit card information:** Name as it appears on card: \_\_\_\_\_

Card type (VISA OR MC): \_\_\_\_\_ Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV security number on back of card: \_\_\_\_\_

Amount authorized: \$ \_\_\_\_\_ Signature: \_\_\_\_\_