



Biofeedback Society of Texas

Annual Membership Application

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 3rd 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 _____, 201__

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