

Infant Massage USA Membership Application.

Please Fill out entire form and Fax Toll Free to: 1-888-869-9228

First name: Last name:

Home Phone: Alternate Phone:

Street Address:

City: State: Zip:

Email*: (*Please provide, if possible, as this will be a primary method for communication.)

Membership Status (Please select one):

Certified Educator Date of Certification:

Associate Member* (not a student or educator):
Please explain interest in joining Infant Massage USA (parent, child development organization, etc.)

Volunteers (Optional) As a non-profit, IMUSA relies on volunteers. Please indicate areas where you would like to help and a committee chair will contact you to discuss opportunities.

- Marketing/Publicity
 - Special Events Fund Raising
 - Newsletter
 - Membership
 - Regional Group Development
 - Other (please specify):
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Infant Massage Membership Continued

Website Listing

Please designate how you want your contact information listed on the website:

Name:

E-mail:

Phone:

*listing your phone number is a new feature and is optional

To opt-out of the CEIM directory on the IMUSA website, please initial here:

(signature)

My signature above confirms that I have read and have a copy of the IMUSA membership agreement. **Payment of Membership fee of \$50.00 must be made and confirmed for application to be accepted.**

Payment Information:

Billing Name: _____

Billing Address: _____

City, State & Zip: _____

Credit Card Information:

Circle One: MasterCard VISA American Express Discover

Card Number: _____

Expiration Date: _____ CVV Code: _____

(the CVV code is the 3 digit code on the back of your card for MasterCard, Visa and Discover. It is a 4 digit code on the front of your card for American Express)

Card Holder Signature: _____