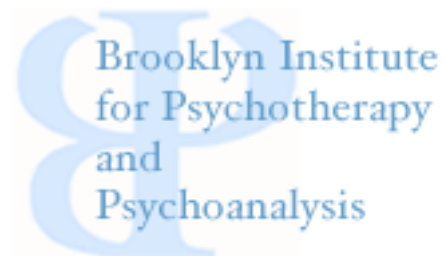


APPLICATION FOR MEMBERSHIP TO THE BIPP SOCIETY



I have enclosed my dues for the year 2006/2007 for membership in:

- The BIPP Continuing Education Society (\$85*)

* Candidates taking three courses per year Continuing Education Society dues are \$50

(Please Print clearly)

NAME: _____

Preference for receiving mail: Home Work

HOME

Address

Phone Number

Fax Number

Email

WORK

Address

Phone Number

Fax Number

Email

Have you ever taken a course or attended a workshop at BIPP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Were you ever a candidate in any of the training programs at BIPP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did you receive a certificate from BIPP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Which Program?

Three Year Adult Program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Child and Adolescent Program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hypnotherapy and Hypnosis Program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Couple and Marital Therapy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please enclose your check and send to:

Joanne E. Honigman
1714 Ryder Street
Brooklyn, NY 11234