

INTERNATIONAL PNF ASSOCIATION

MEMBERSHIP APPLICATION

NAME.....
ADDRESS
TELEPHONE
FAX
EMAIL ADDRESS

I am interested in joining the following category of the IPNFA and meet the criteria for membership:

- [] 1. INSTRUCTOR GROUP
- a. *Criteria:* Recognized/Certified IPNFA Instructor.
 - b. *Dues:* Pay full annual dues of \$100.00.
The fiscal year runs from September to September.
 - c. *Rights:* Attend the general business and educational aspects of the IPNFA meeting. May speak and vote at these meetings. Receive meeting minutes.
 - d. Must attend an IPNFA annual meeting once every 4 years to maintain these rights.

- [] 2. ASSOCIATE MEMBER
- a. *Criteria:*
 - i. Complete a minimum of an IPNFA recognized basic PNF course and has a written recommendation for membership from the IPNFA Instructor.
 - ii. Be active in PNF – for example:
 - a. Teach: course assisting, school educator, clinical supervisor,
 - b. Do relevant research;
 - b. *Dues:* Pay full annual dues of \$40.00.
The fiscal year runs from September to September.
 - c. *Rights:* Attend the general business and education aspects of the IPNFA meeting. May speak at these meetings but may not vote. Receive meeting minutes.

Send this application with a copy of

- 1) proof of course completion,
- 2) the letter of recommendation from an IPNFA Instructor,
- 3) your IPNFA dues in US dollars, EURO or CHF, payable to the INTERNATIONAL PNF ASSOCIATION

to:

**IPNFA Office
ul. Tuchowska 6b
30-618, Krakow
POLAND**