



# INTERNATIONAL PNF ASSOCIATION

## MEMBERSHIP APPLICATION

Family name:

Given name:

E-mail address:

I am interested in joining the IPNFA® and meet the criteria for membership:

### ASSISTANT

- a. Criteria: I am a recognized/certified IPNFA® assistant.
- b. Dues: I agree to pay full annual dues of SFr. 46.00, USD \$46.00 or EUR € 40.00.  
The fiscal membership-year runs from September to September.
- c. Rights: I am entitled to:
  - i. Attend the general business and educational aspects of the IPNFA® meeting
  - ii. Speak at these meetings and participate in the assistants collective single vote
  - iii. Receive meeting minutes

### ASSOCIATE MEMBER

- a. Criteria:
  - i. I have completed at least an IPNFA® recognized basic PNF course and have a written recommendation for membership from an IPNFA® Instructor.
  - ii. Be active in PNF - for example:
    - a. Teach: school educator, clinical supervisor, etc.
    - b. Do relevant research
- b. Dues: I agree to pay full annual dues of SFr. 46.00, USD \$46.00 or € 40.00.  
The fiscal membership-year runs from September to September.
- c. Rights: I am entitled to
  - i. Attend the general business and education aspects of the IPNFA® meeting
  - ii. Speak at these meetings but not vote
  - iii. Receive meeting minutes

This application should be sent to the IPNFA® Office: [secretary@ipnfa.org](mailto:secretary@ipnfa.org)

Also, please send:

- 1) a copy of proof of course completion
- 2) the letter of recommendation from an IPNFA® Instructor

Questions about membership dues payments:

Please contact the IPNFA® treasurer, Frits Westerholt, by e-mail: [treasurer@ipnfa.org](mailto:treasurer@ipnfa.org)

The member is responsible for any bank charges or costs incurred.  
We cannot accept any bank checks.