



iSTOP

# MEMBERSHIP RENEWAL

Please print and mail or fax to iSTOP at Lower Floor, 5655 Cambie Street, Vancouver, BC V5Z 3A4 or (604) 264-7860

**Which year will you be paying for?** \_\_\_\_\_

As of January 1, 2008 the following fee structure will be in place:

- Renewal information received on or before January 31 - \$100
- Renewal information received from February 1 - March 31 - \$125
- Renewal information received from April 1 - June 30 - \$150

**PAYMENT OPTIONS:**

Cheque Enclosed       Visa       MastercardCard

Number: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**PROFESSIONAL ADDRESS: (this will be displayed under members' list on our website)**

IMS Practitioner Name: \_\_\_\_\_

Training:     Medical Doctor                       Physiotherapist

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email \_\_\_\_\_

IMS Course(s) I attended: \_\_\_\_\_

Location: \_\_\_\_\_

Instructors: \_\_\_\_\_

When did you complete Part I? \_\_\_\_\_

Did you complete Part II practicum?  YES  NO      When? \_\_\_\_\_

Did you receive a Membership Certificate last year? \_\_\_\_\_

Did you receive a Yearly decal for your certificate last year? \_\_\_\_\_