



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 [ ] MasterCard [ ]

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

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

PROFESSIONAL ADDRESS AND PHONE #: (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: \_\_\_\_\_ (this will be displayed on website)

Email \_\_\_\_\_ (this will be displayed on website)

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

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

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

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

Did you complete Part II practicum? [ ] YES [ ] NO If yes, when? \_\_\_\_\_

Did you ever receive a Membership Certificate? \_\_\_\_\_

If yes, did you need a new Certificate? \_\_\_\_\_

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