

INARS MEMBERSHIP/CRS REGISTRATION FORM

All Synergists please check the appropriate space(s) below.

NAME _____ Date: _____

PROFESSIONAL MEMBER

_____ I'd like to be a **Professional Member** of INARS for the 12 months beginning May 1, 2010 – includes INARS Membership Dues (\$150) and CRS (formerly BASEC) Registration Fees (\$60)

DISCOUNT! _____ \$200 Paid within 48 hours of receipt of membership

letter/email

_____ \$210 Paid between February 20 and March 30

_____ \$220 Paid after March 30

Required of all practicing Synergists! I agree to abide by and uphold the Standards of Practice and Ethical Principles (SOP/EP) for Certified Rubenfeld Synergists.

Your signature _____ Date _____

_____ Please send me a Certificate of Membership (Sent only upon request).

_____ Please send me a receipt for INARS Professional Membership Fees and/or CRS Registration Dues.

_____ I only want to pay the **CRS Registration Fee**. I **do not** want to join INARS.

DISCOUNT! _____ \$55 Paid within 48 hours of receipt of membership letter/email

_____ \$60 Paid between February 20 and March 30

_____ \$65 Paid after March 30

_____ \$20 Inactive CRS Registration Fee

NOTE: Membership Fees and CRS Registration Dues may be tax deductible as a business expense.

ASSOCIATE MEMBER

____ I would like to join as an **Associate Member**. I am no longer practicing the Rubenfeld Synergy Method

DISCOUNT! ____ \$70 Paid within 48 hours of receipt of membership letter/email
 ____ \$75 Paid between February 20 and March 30
 ____ \$80 Paid after March 30

TRAINEE MEMBER

____ I have not received my certification and would like to be a **Trainee Member**.

DISCOUNT! ____ \$45 Paid within 48 hours of receipt of membership letter/email
 ____ \$50 Paid between February 20 and March 30
 ____ \$55 Paid after March 30

____ I am not practicing RSM nor do I wish to be a member of INARS at this time, but would like to remain on the mailing list and receive the September issue of **The Rubenfeld Synergist**.

____ I no longer wish to be on the INARS mailing list.

U.S. Funds only

____ Paid on-line via PayPal - click here for link ([place link here](#))

____ Paid by check

To pay by check, print out this form and the Directory Information Form and send with your check by **March 30** to:

**Teresa Arroyo-Bensick
INARS Treasurer
405 West Louisiana Avenue
Tampa, Florida USA 33603**

If you would like to be a member of INARS and are in need of financial assistance, please contact Teresa Arroyo-Bensick, via email at isispotena@hotmail.com, or by phone: (813) 238-6421.