

INARS REGISTRATION FORM 2019 - 2020

To ensure INARS has your accurate information, we are asking you to completely fill out this form. Date: _____

LAST NAME _____ FIRST NAME _____

*Home Street _____

*Home City _____ *Home State _____ *Home Zip _____

*Home Phone _____

*Cell Phone _____ *Email _____

Website _____ RST#: _____

Please complete office information, even if your office is in your home.

*Office Street _____

*Office City _____ *Office State _____ *Office Zip _____

*Office Phone _____

Website _____

Please check the appropriate space below ~ You can only be ONE of the (5) choices listed~
(*CM stands for Certification Maintenance Fee. CM Fees are included in INARS Professional Membership.)

INARS Professional Member (*CM Fee Included)

____ INARS Professional Member who is a CRS and currently has an active practice or is a mentor or teacher of RSM. Has signed and abides by the SOP/EPs.

____ \$250 (paid between Aug. 1 - Sept. 30) _____ \$275 (paid after Sept. 30)

INARS Associate Member (*CM Fee not Required)

____ is inactive or are no longer practicing

____ \$100 (paid between Aug. 1 - Sept. 30) _____ \$125 (paid after Sept. 30)

INARS Trainee Member (*CM Fee not Required)

____ currently enrolled in a Rubinfeld Synergy Training Program.

____ \$50 Yearly Registration

CM Fee Only: Active Status (Synergists with an Active Practice)

____ is practicing Rubenfeld Synergy and not a member of INARS. The CM Fee is required in order to practice Rubenfeld Synergy. Has signed and abides by the SOP/EPs.

____ \$175 Yearly Fee

CM Fee Only: Inactive Status

____ (2-year maximum) is not currently practicing Rubenfeld Synergy due to hardship, financial problems, illness, relocation, etc. Synergists must apply for inactive status by contacting the Certification Maintenance Chairperson: Joan Small joan.small@shaw.ca

____ \$50 Yearly Fee

Required of all practicing Synergists!

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

Your signature _____ Date _____

NOTE: Membership dues and Certification Maintenance fees may be tax deductible as a business expense. A receipt will be sent as soon as possible.

PLEASE MAKE ALL PAYMENTS IN U.S. FUNDS ONLY

____ I want to pay on-line via Credit Card. Please email me an online invoice.

____ I want to pay by check (included)

To pay by check, print out this Registration Form and the Certification Maintenance CEU document, and send with your check, made payable to INARS to the following address:

**Michael Herman
INARS Treasurer
2551 Ginny Way
Lafayette, CO 80026**

If you would like to be a member of INARS and are in need of financial assistance, please contact Michael Herman at treasurer@rubenfeldsynergy.com.