**INARS MEMBERSHIP REGISTRATION FORM: 2023-2024**

**To ensure that INARS has your up-to-date information, we ask you to fill out this form completely.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Street, City, State/Province, Zip, Country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RST#: \_\_\_\_\_\_\_\_\_\_\_\_

**Please provide office information, even if your office is in your home.**

Office Address (Street, City, State/Province, Zip, Country):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the appropriate option below - you can only choose ONE of the 3 choices listed.**

**INARS Professional Member**

\_\_\_\_\_ 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 Sept. 1 – Sept. 30)

\_\_\_\_\_ $275 (paid after Sept. 30)

**INARS Associate Member**

\_\_\_\_\_ is inactive or no longer practicing

\_\_\_\_\_ $100 (paid between Sept. 1 – Sept. 30)

\_\_\_\_\_ $125 (paid after Sept. 30)

**INARS Trainee Member**

\_\_\_\_\_ currently enrolled in a Rubenfeld Synergy Training Program.

\_\_\_\_\_ $50 annual registration

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 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 send it with your check, made payable to INARS, to the following address:

Teresa de Lourdes-Arroyo   
Mansiones de Monte Verde

Calle Verde Luz Box 113

Cayey, Puerto Rico 00736

If you would like to be a member of INARS and are in need of financial assistance, please contact Teresa at 787.685.1342 or [bodymindintegration@hotmail.com](mailto:bodymindintegration@hotmail.com).