

PRINTABLE MEMBERSHIP APPLICATION FORM

DATE _____

NAME _____

ADDRESS _____

CITY, STATE _____

ZIP CODE _____

PHONE _____

FAX _____

E-MAIL _____

I am a: Beginning _
 Intermediate _
 Advanced _ (Check One)

Student at _____

Year Graduated _____ Total Hours of Training _____

I am a professional body worker:
 Full time _
 Part time _ (Check One)

I work with these modalities:
Swedish__ Acupressure __ Polarity__
Trager __ Compassionate Touch__ Reflexology__
Reiki __ MLD__ Therapeutic Touch __
Shiatsu__
Other _____

I am a health care professional:

MD__ PhD__ DC__ PT__ PTA__
RN__ LPN__ CNA__ HHA__
LMT__ CMT__ RMT__
OTHER _____

What is your interest in Geriatric Massage?

As an associate member, I will receive a 10% discount for all DAYBREAK workshops and seminars. I may use the DAY-BREAK hotline via e-mail at spuszko@juno.com or by phone at 317-722-9896 between 8 am and 8 pm **Eastern Time** for advice concerning presentations, promotions, clients, etc. I may use excerpts from DAY-BREAK publications in my own promotional materials or in articles for publication in newspapers if the source is credited. My one time membership fee is \$35.

Signature _____

Send this completed application and check to:

Sharon Puszko
DAY-BREAK GMI,
7434 - A King George Dr,
Indianapolis, IN 46260