

TTIA - Membership Application

To become a member of Therapeutic Touch International Associates Inc. print out and complete the following form and mail to the address below with your check or money order. If you are using a credit card you can fax the completed form to (509) 693-3537. Include your credit card information.

*If you would like your modalities to be listed in the directory, circle a **maximum of 4** on the list below*

ACU Acupuncture	HOM Homeopathy	PED Pediatrics
ADM Administration/Management	HOS Hospice Care/Oncology	POL Polarity
AT Alexander Technique	HYP Hypnotherapy	REF Reflexology
ATH Aromatherapy	IM Imagery/Visualization	REH Rehabilitation
BF Bach Flower Remedies	IR Iridology	RE Reiki
BIE Bioenergetics	JS Jin Shin	REN Renal
BF Biofeedback	KE Kinesiology	RES Research
CP Cardiopulmonary	MA Massage Therapy	RO Rolfing
CM Chinese Medicine	MCH Maternal and Child health	RM Rosen Method
CT Color Therapy	MS Medical-Surgical	SH Shiatsu/Accupressure
CPH Community Health/Public Health	MED Meditation	SO SOMA
CL Consultation/Liaison	MID Midwifery	SD Staff Development/Education
COU Counseling/Psychotherapy/Mental health	MU Music	SM Stress Management
CS Craniosaoral	NAT Naturopath	TC Tai Chi
CRY Crystal Therapy	NED Neonatology	TT Therapeutic Touch
DT Dance/Movement Therapy	NLP Neurolinguistic Programming	TH Touch for Health
ED Education	NEU Neurology	TP Trigger Point/Myotherapy
EC Emergency Care	NT Neuromuscular Therapy	TR Trager
FEC Feldenkrais Method	NP Nurse Practitioner	YO Yoga
GER Gerontology	NUT Nutrition	WH Women's Health
HT Healing Touch	ORT Orthopedics	
HRB Herbolgy	OPD Outpatient/Primary Care	
HC Home Care		

Member of the TT Teachers Cooperative

Personal Information

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Degree(s)/Licences (s): _____

Profession: _____

Employment/School: _____

Years Experience as a TT Practitioner: _____

Years Experience as a TT teacher: _____

Referred to TTIA by: _____

I would like to start a satellite chapter in my area: _____

I am applying for:

Individual Membership.....\$75.00

\$75.00 International Membership

\$50.00 Senior International Membership
(for members over 60: please include copy of ID)

Full-time Student \$50.00 *(Please include copy of verification of student status.)*

Senior; 60+ \$50.00 Please include copy of Driver's License or other documentation to show your birth date.

Agency \$200.00 *(Includes 3 newsletter subscriptions)*

Associate \$15.00 includes the online versions of the Bibliography, and Cooperative Connection (newsletter). No other TTIA discounts and benefits apply.

Newsletter Subscriptions ONLY: (no other membership benefits apply)

\$20.00 USA Cooperative Connection Newsletter Only

\$28.00 International Cooperative Connection Newsletter Only

Contribution Amount: _____ (tax deductible)

Total Amount enclosed: _____

Payment by: check Mastercard Visa

Please make check or money order payable to TTIA, Inc., in U.S. funds. There will be a \$25 fee for returned checks.

Name as it appears on the card: _____

Card number: _____

Expiration date: _____

Signature of Cardholder _____

mail or fax this form to:

Therapeutic Touch International Associates, Inc.

P.O. Box 419

Craryville, NY 12521

Fax: (509) 693-3537

Phone (518)325-1185

