

MID-ATLANTIC SOCIETY FOR BIOFEEDBACK AND BEHAVIOR MEDICINE

Membership Invoice and Contact Information Update: 2010-2011

PLEASE PRINT OR TYPE ALL INFORMATION

Membership – check one: Renewal or New

Membership Category & Dues Amount – check one:

- Regular - \$30.00
Associate - \$30.00
Student - \$10.00

Contact Information:

Last First Middle Initial

Highest Degree /Year: Discipline:

Current Licensure and/or Certifications (specify professions and state):

AAPB Member: Yes No
BCIA Certified: Yes No Certification #:

I identify myself primarily as a (e.g., social worker, psychologist, etc.)

Business Information will be listed in the Providers' List on the MASBBM website. If you do not want it listed, please indicate here:
If no changes to the information below from last year, check here: You can check your information at www.masbbm.org in the Providers' List.

Business Name:

Business Address:

Street City State Zip Code

Phone: Fax:

Email Address:

Website Address:

Mailing Address if different from Business Address:

Street City State Zip Code

Population Serves (check all that apply): Adult Adolescent
Child Couple
Family Other (specify)

Areas of Expertise (list up to five specialties): 1)
2) 3)
4) 5)

Interventions Employed: Biofeedback Neurofeedback Other (list)

Make checks payable to MASBBM and mail with this form to:
The Mid-Atlantic Society for Biofeedback and Behavioral Medicine
c/o Bea Haskins, M.S., Past President
58 Blue Heron Drive
Hanover, PA 17331