

DATE: \_\_\_\_\_

# RMPA APPLICATION FORM

**DUES: Check the membership category for which you are submitting payment. Please pay in U.S. dollars.**

- \$150 Practitioner/Teacher (US, Canada, Mexico)
- \$100 Intern (US, Canada, Mexico)
- \$52 Student (US, Canada, Mexico)
- \$100 Emeritus (over 70 years of age and retired from the workforce)
- \$35 Subscription Only, no membership (US, Canada, Mexico)
- \$170 Practitioner/Teacher (International)
- \$120 Intern (International)
- \$70 Student (International)
- \$60 Subscription Only, no membership (International)

**ROSEN METHOD STATUS: Check all that apply.**

- Bodywork Student
- Advanced Student
- Bodywork Intern
- Bodywork Practitioner
- Movement Student
- Movement Intern
- Movement Teacher
- Movement Supervisor
- Movement Training Teacher
- Sr Movement Training Teacher
- Bodywork Workshop Teacher
- Bodywork Certified Teacher
- Bodywork Sr Teacher
- Primary Supervisor Apprentice
- Primary Supervisor
- Emeritus
- School Owner/Principal
- RMPA Board Member
- Institute Board Member

**DIRECTORY INFORMATION: Complete this section if you are an intern or practitioner. The following information will be used in the membership directory, a copy of which is provided to all members, distributed to Rosen schools, and made available to the public through the Referral Service and on the Internet.**  I do NOT want to be listed on the Internet

<i>First Name</i>	<i>Last Name</i>	<i>Qualifications</i>	<i>Organization or Company Name</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
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<i>Office Phone</i>	<i>Fax</i>	<i>Email</i>
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<i>Blog</i>	<i>Website</i>
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*Description of your area of interest or a personal statement about yourself or your work. Include other certifications you want listed. (Limited to 25 words.)*

**NON-DIRECTORY INFORMATION: Complete this section if you are a student, emeritus or newsletter subscriber.**

If you are an **intern** or **practitioner** and would like RMPA to contact you through a different address or phone than that listed above, provide that information below. Thank you.

<i>First Name</i>	<i>Last Name</i>	<i>Organization or Company Name</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
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<i>Home Phone</i>	<i>Cell Phone</i>	<i>Office Phone</i>
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<i>Email</i>	<i>Center Affiliation</i>
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**PAYMENT:**

- Payment enclosed in U.S. dollars
- I want to pay online with a credit card using PayPal.  
[http://www.rmpa.net/html/join\\_pop.html](http://www.rmpa.net/html/join_pop.html)



**CONTACT RMPA:**

*By Mail:* PO BOX 11144, Berkeley, CA 94712

*By Email:* [resource4rmpa@yahoo.com](mailto:resource4rmpa@yahoo.com)