



Associate Membership Renewal

Thank you for your continued support of Infant Massage USA®

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Organization \_\_\_\_\_

Business website: \_\_\_\_\_

Email Address: \_\_\_\_\_ (for correspondence)

Newsletter Interest:

You will automatically receive our monthly IMUSA Newsletters.

- checkbox Please sign me up to receive information on scheduled CEIM Certification Trainings
checkbox Please sign me up for your quarterly Parent Newsletters

Would you like to support Infant Massage USA® as a volunteer? As a non-profit, we rely on volunteers. Please indicate the area(s) you can share your skills and a committee chair will contact you to discuss opportunities:

- ( ) Marketing/Publicity ( ) Membership ( ) Newsletter ( ) Charter Development
( ) Special Events/Fundraising ( ) Continuing Education ( ) Grant Writing ( ) Other (please specify)

Please remit form and fee (\$75) to:

Infant Massage USA
Attn: Membership
905 Main Street
Grafton, OH 44044

(Office Use only)

Date Received: / / ( ) DB ( ) Card sent ( ) File new expr. date Invoice#