



CEIM Membership Renewal

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

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

City/State/Zip code: \_\_\_\_\_

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

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

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

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

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

( ) Please list me on the Educator Directory (phone and/or email required to be listed)

Phone Number for Directory Listing: ( ) Home ( ) Work ( ) Cell ( ) Do not list phone

Email for Directory Listing (if different than above): \_\_\_\_\_ ( ) Do not list email

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:

- ( ) Charter Development ( ) Continuing Education Committee ( ) Fundraising
( ) Grant Writing ( ) Membership ( ) Newsletter
( ) Professional Development ( ) Public Relations ( ) Research
( ) Social Media Committee ( ) Special Events ( ) Other: \_\_\_\_\_

Please remit form to: membership.info@infantmassageusa.org or via US Mail to:

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

(Office Use only)

Date Received: / / ( ) DB ( ) File ( ) Card/Cert Invoice # \_\_\_\_\_ new expr. date \_\_\_\_\_