



Student Membership Renewal

Please be aware that you must complete your certification within 2 years of your training date.

Name: _____ ID Number: _____

Street Address: _____

City/State/Zipcode: _____

Province: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Organization _____

Business website: _____

Email Address: _____ (for correspondence)

_____ I am currently a Student Member and I wish to continue as a **Student Member** and complete my certification. I am submitting my renewal payment of **\$75**.
(If you have completed your certification please include a copy of your IAIM certificate, Monitoring Form and Part 2 Evaluation – both received at your training)

Upon my certification 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

_____ I am currently a Student Member and I wish to continue as an **Associate Member**. I am submitting my renewal payment of **\$35**

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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 Fundraising Grant Writing Membership Newsletter
- Professional Development Public Relations Research Social Media Committee Special Events

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

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

(Office Use only)

Date Received: / / DB File new expr. date _____ Invoice# _____

Training Date / / Trainer _____