

T. C. Pfrimmer International Association of Deep Muscle Therapists, Inc.®

Application for Membership Renewal 2012/13

Renewal Due to Membership Secretary by July 1, 2012

1. Please fill in completely.
2. **Enclose \$100.00 check (non-refundable membership fee) made out to TCPIADMT.**
3. Please check appropriate membership you desire:

_____ Active Member: Currently active as a Pfrimmer Deep Muscle Therapist (\$100)

_____ Associate Member: I am retired or currently a non-active Pfrimmer Deep Muscle Therapist (\$25.00)

_____ Auxiliary Member: I am not a Pfrimmer Deep muscle Therapist; but active in the Association (\$20.00)

4. Mail to the current TCPIADMT Membership Secretary:

Michelle Himelick
P.O. Box 875
Nashville, IN 47448 (317-691-1302)

Pfrimmer number (**from your certificate**): _____ (Example I-052, I=Indiana or P-000, P=Pennsylvania or C=Canada)

First Name: _____ Middle Initial: _____

Last Name: _____

Credentials: _____, PDMT (Example RN, MD, etc.)

Date of Birth: _____ Sex: M F

E-Mail Address: _____

Your Website Address : _____

Address for Correspondence & Referrals:

Street _____

City _____ State _____

Zip Code _____ Phone: (_____) _____

Pfrimmer School Attended: _____

Date Graduated: _____

Please answer the following questions circling "Y" for yes and "N" for no. If you do not circle either yes or no, the answer will be acted upon as a "NO".

1. Do you want to be listed as a member in the **directory** (to be used for referrals)? Y N

2. If you have taken the course, do you wish to be listed in the printed directory as an Equine, Feline, Canine PDMT? Y N

3. Do you want to be listed on the Web site (public domain)? Y N

4. Do you want to be included in all TCPIADMT mailings:

Yes _____ No _____

Any talents you would like to offer the Pfrimmer Association?

Please link primmer.com to my website.

I give permission for my website to be on the links page of pfrimmer.com Y N

Are you Nationally Certified in Pfrimmer Deep Muscle Therapy? Y N

Are you a Certified Pfrimmer Deep Muscle Therapy Instructor? Y N

List any additional education you may have _____

DO YOU AGREE NOT TO TEACH PFRIMMER DEEP MUSCLE THERAPY© UNLESS INVITED BY THOSE IN AUTHORITY TO UNDERTAKE THE SPECIAL TEACHER'S TRAINING REQUIRED? _____

DO YOU AGREE TO UPHOLD THE BYLAWS AND THE HIGH STANDARDS OF PROFESSIONAL CONDUCT SET FORTH BY THE IAPDMT? And I understand that dues are non-refundable and that my membership can be denied or revoked if I do not uphold the Bylaws & High Standards.

SIGNATURE OF APPLICANT

DATE

RETURN FORM AND PAYMENT TO

**Michelle Himeilck
P.O. Box 875
Nashville, IN 47448**