

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

Application for Membership

1. Please fill in completely.
2. Attach a passport size photo (for new membership).
3. Enclose \$100.00 (application fee) made out to IAPDMT or complete credit card information on back.
4. Mail to the current Pfrimmer Membership Secretary (address on 2nd page).

Date: _____
 Pfrimmer number (from your certificate): _____ (Example I-052 or P-035)
 Title (circle one): Mr. Mrs. Ms. Dr.

First Name: _____ Middle Initial: _____ Last Name: _____
 Credentials: _____, PDMT (Example RN, LPN, MD, ...)
 Date of Birth: _____ Sex: M F
 Address (*will be used to publish in the directory*):

 _____ State: _____ Zip: _____ - _____

Phone: (_____) _____

E-Mail Address: _____

Website Address: _____

Background Information (optional):

- A. Degrees obtained: _____
- B. Degrees or fields of study you are currently pursuing: _____
- C. Other forms of therapy that you practice: _____
- D. Talents to offer Association: _____
- E. Is there any special capacity in which you would like to be used? _____

Pfrimmer School Attended: _____
 Date Graduated: _____

Are you renewing your membership with the IAPDMT with this form? Y N

Member of the IAPDMT since (date): _____

Do you wish to be listed in the printed Directory distributed to IAPDMT members?
Y N

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

Do you wish to be listed on the Internet web site which is public domain (free service)? Y N

Please link primmer.com to your website.

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

Member of (circle any that apply): AMTA IAPDMT PAPDMT ABMP Other _____

National Certification? Y N

Additional Comments: _____

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? _____

SIGNATURE OF APPLICANT

REGISTRY NUMBER DATE

METHOD OF PAYMENT

 Check Check# _____ Check Amount _____

 Money Order Money Order# _____ Money Order Amount _____

TO BE FILLED OUT BY IAPDMT & INSTITUTE ADMINISTRATOR ONLY
AT COMPLETION OF THIS FORM REGARDING
THIS PERSON'S MEMBERSHIP QUALIFICATIONS

Student has met the educational entry requirements of the IAPDMT Institute?

SCHOOL OR INSTITUTE ADMINISTRATOR

DATE

PFRIMMER INSTRUCTOR

DATE

IAPDMT BOARD MEMBER

DATE

IAPDMT BOARD MEMBER

DATE

Membership Secretary
Pfrimmer Institute of Indiana, Inc.
Alexandria School of Scientific Therapeutics, Inc.
Jackie Himelick
PO Box 1931
Nashville, IN 47448

