

ABNLP MEMBERSHIP APPLICATION



MEMBERSHIP LEVELS AND TERMS:

There are three levels of ABNLP membership available: **1) Affiliate Member, 2) Certified Member or 3) Clinical Member** (Clinical Members must complete pages 5-6). You may join (or renew) for 1 or 2 years.

ABNLP membership expires in July of each year. You pay a pro-rata amount depending on when you join:

Jul-Sept = 100% Apr-June = 100% Oct-Dec = 75% Jan-March 50% or 150% (please select)

Please print your details below and indicate which membership category you would like to join, for how long (eg 1 or 2 years) and whether you wish to have a listing on the ABNLP website www.abnlp.org.au (Available at a small additional fee. Complete your website listing details on pages 2-3). Return only the necessary pages to the ABNLP, along with any documentation required. Upon receipt of your application and supporting documentation, a 'New Member Kit' will be posted to you within 30 days.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ PC: _____

TELEPHONE 1: _____ MOBILE: _____

EMAIL: _____

HIGHEST LEVEL OF NLP TRAINING:

NLP TRAINING LEVEL	TRAINING INSTITUTE	DATE COMPLETED
<input type="checkbox"/> No formal NLP training	N/A	N/A
<input type="checkbox"/> Practitioner Certification		
<input type="checkbox"/> Master Practitioner Certification		
<input type="checkbox"/> Trainers Certification		

NB: for Certified & Clinical Member levels you must send (by post or email) a copy of your NLP Practitioner and NLP Master Practitioner (if applicable) Certificates with your application.

PAYMENT OPTIONS:

- Affiliate Member 1 year - \$90 Certified Member 1 year - \$90 Clinical Member 1 year \$120
 Affiliate Member 2 years - \$180 Certified Member 2 years - \$180 Clinical Member 2 years \$240

Website listing: (complete your listing details on pages 2-3) 1 year - \$30 2 years - \$60

- Cheque or Money Order – made payable to **Australian Board of Neuro Linguistic Programming**
 Direct Deposit (BSB: 032-166, Acct No: 215147) Please use your name as a reference **RECEIPT NO:** _____
 Visa MasterCard Bankcard

CARDHOLDER NAME: _____ **TOTAL PAYMENT AMOUNT: \$** _____

CARD NUMBER: _____ **EXPIRY:** /

I agree to abide by and uphold the ABNLP Code of Ethics. (see www.abnlp.org.au for more information)

Signature _____ **Date** _____

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Would you like a listing on the ABNLP website? YES NO

YES (please include your payment of \$30 for 1 year or \$60 for 2 years on the previous page)

Please choose **one listing** and tick the box below for the page on which you wish to be listed and complete your listing details:

WEBSITE LISTING - FIND AN NLP COACH OR THERAPIST:

YOUR NAME:

COMPANY NAME:

ABN/ACN:

DATE STARTED PRACTICING:

PRACTICE ADDRESS:

PHONE:

EMAIL:

WEBSITE:

OTHER NON-NLP QUALIFICATIONS:

NB: your NLP Practitioner & Master Practitioner completion dates will be visible on your listing

WEBSITE LISTING - FIND A PROFESSIONAL MEMBER: (suitable for chiropractors, marketers, corporate trainers)

YOUR NAME:

COMPANY NAME:

ABN/ACN:

DATE STARTED PRACTICING:

PRACTICE ADDRESS:

PHONE:

EMAIL:

WEBSITE:

SERVICES OFFERED:
