

Membership Application

John Thie Memorial Research Database

You can register and pay dues online at: <http://www.touch4health.com/research/membership.html>
If you use this form, please either mail or fax the completed form. Do not email your credit card information.

*Type Membership: Participating Supporting Dues for each are \$60 annually

First Name: _____ Last Name: _____

Organization: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Telephone: _____ eMail: _____

What is your level of experience with Touch for Health?:

Novice Layperson Practitioner Instructor IKC Faculty

Participating Members must also provide the following information from eTouch for Health:

eTouch for Health ID (found on the eTouch About page in format .xxxxxxx): _____

Your eTouch Personal ID (found on your personal record in eTouch (usually 4): _____

*Participating Members conduct sessions, record results in eTouch for Health and submit the sessions to the online research database via the Internet. Supporting Members support the research efforts with their dues and interest in the progress of the research project. We want as many Participating Members as possible, but we appreciate the support of all members.

Credit Card Payment Information:

MasterCard Visa Exp. Date: _____

Name on Card: _____

Credit Card #: _____

Billing Address (if different than above):

Address 1 _____

Address 2 _____

City _____ State/Province _____

Postal Code _____ Country _____

Your Signature: _____

MAIL TO:

TFH RDB MEMBERSHIP
% eTOUCH FOR HEALTH
9401 ROBERTS DR. 7-F
ATLANTA, GA 30350
USA

FAX TO: +770.518.1204

YOUR RESEARCH ID AND PASSWORD WILL BE EMAILED TO YOU ALONG WITH OTHER IMPORTANT INFORMATION