

INTERNATIONAL ASSOCIATION for REGRESSION RESEARCH & THERAPIES, INC.

IARRT PO Box 20151 Riverside CA 92516
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MEMBERSHIP APPLICATION

The individual practitioner below is legally responsible for all statements here-in, their clients, services, teaching and use of Past Life/Regression Therapy. IARRT serves as a professional organization providing Education, Research and networking to it's members.

CHOOSE ONE:

Professional Level 1: Certified Regression/Past Life Practitioner:

Individuals who have a certificate of training or are Certified in the field of Past Life/Regression.

Qualifications: Individual who has a certificate or certification of training in the field of Regression or Past Life. Individual may also have degrees - MD, PhD, MFCC, LCSW, MA, etc. or certification in related fields of healing or alternative therapies or research.

Professional Level 1 Certified Past Life/Regression Practitioner Dues: \$135 US Annually

Includes prestige web page listing on the IARRT website.

***Please submit your information & photo for your "prestige webpage" by email to: President@iarrt.org**

Professional Level 2: Non-certified Professional Member

Individuals who are not Certified or do not have a certificate showing training in Past Life/Regression

who are: Engaged in Past Life Training program or - Who may have degrees - MD, PhD, MFCC, LCSW, MA, etc. or certification in related fields of healing or alternative therapies or research.

Professional Level 2 Non certified Dues: \$110 US Annually

Includes full benefits. See IARRT website for list of member benefits. No prestige webpage for Level 2.

Level 3: Supporting Member

Public, Groups & Individuals who support IARRT's mission and the ongoing education, research and studies of Regression/Past Life therapy.

Level 3 Supporting Member Dues \$70 US Annually

Supporting Members cannot hold office or vote. Payment required to receive Journal of Regression Therapy

Level 4: Contributing Membership:

Open to individuals, organizations, institutions or foundations who wish to support the work of the Association. Contributing agencies shall have the privilege of assigning a representative who shall have privileges of the membership category for which he/she is qualified. Discounts can be shared by a maximum of three.

PLEASE COMPLETE OTHER SIDE OF THIS APPLICATION

OFFICE USE ONLY Card Sent _____ Code Of Ethics _____ Certifi- cate _____ Perm Record Card _____ Ready to File _____
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PLEASE PRINT CLEARLY

NAME _____ DEGREES _____ (as you wish to see on directory)

Mailing Address _____

City _____ State _____ Country _____ Zip _____

Business Phone (____) _____ Home Phone (____) _____ Fax _____

Email _____ Website _____

Please check which you would like on Referral/Directory: Bus _____ Home _____ Email _____ Web _____ Cell _____

Date Application Mailed _____ Sex M _____ F _____ Birth date _____

Revised 3/30/2010

PAYMENTS & RENEWALS CAN ALSO BE MADE ON THE IARRT WEBSITE www.IARRT.org
A full list of Membership Benefits can be found on the IARRT website.

Select Type of Membership:	Level 1 Certified Professional including prestige webpage	\$135 _____
	Level 2 Non Certified Professional	\$110 _____
	Level 3 Supporting Member	\$70 _____
	Level 4 Contributing Member	\$170 _____
ONE TIME Initial Processing Fee: USA		\$20 _____
Select One	International	\$25 _____
TOTAL DUE _____		

Visa__ MasterCard__ Card Number _____ Exp. Date __/__/__ CC Security Code _____ *

*If you prefer to not send your cc security code through the mail, call our office at 951-784-1570 and give it to Connie by phone. If no-one is there, leave a message with only your name, the security code, and a statement that your Application is in the mail. We will match these up when your Application arrives.

OR Check Enclosed for US\$ _____ (Payable to IARRT)

PLEASE FILL OUT THE FOLLOWING INFORMATION

Academic Degrees (Degree, Year & School) _____

Certificates (Discipline certified, year & school) _____

Other Special Training in Field _____

License Yes _____ No _____ Type _____ State _____ Number _____

Regression/Past Life Certificate # Yes _____ No _____ Issued By _____ Current _____

Non-Current _____

Current Profession/Specialty (As it will appear on referral list, directory, website) _____

Past life Practitioner _____ Past Life Researcher _____ Number Years in Practice _____

Publications under your name _____

How did you hear about IARRT? _____

What are your needs in the Field of PLT? _____

Would you be interested in serving on an IARRT committee (research, membership, newsletter, conferences, marketing, etc)

Yes _____ No _____ Please contact me at _____

I take Full responsibility for all statements here-in. I here-by agree to accept the ethics and standards of practice of IARRT.

Signature _____ Date _____