



CLINIC / PROFESSIONAL CONTACT:

IMS Practitioner Name: _____

- Medical Doctor
- Acupuncturist
- Physiotherapist
- Other

PROFESSIONAL CONTACT:

One free listing is included with your membership.

Browse to your current listing to confirm accuracy: [iSTOP Directory](#)

If an update is required, indicate changes below or mark: "NO CHANGE"

Clinic Name: _____

Address: _____

City: _____ Telephone: _____

Province/State: _____ Fax: _____

Postal Code/Zip: _____ eMail: _____

Country: _____ www: _____

Membership renewal for Year (s): _____

Fee structure for renewals has remained the same since 2008:

- Payment received before January 31 - \$100 *****EARLY BIRD*****
- Payment received February 1 - March 31 - \$125
- Payment received after April 1 - \$150
- UPGRADE:** Multiple business locations
 \$25 for each additional business listing on the member directory
 Use reverse to submit contact information for each additional location
 ADD: # ____ locations X \$25 + base \$____ (as above) = adjusted total \$____

PAYMENT OPTIONS:

- [PayPal Worldwide](#)
- Visa
- MasterCard
- Cheque
- Other:

Send to: finances@istop.org

Credit Card Number: _____

Expiry Date (MM/YY): ____-____

Name on Card
(if different than above):

Signature: _____

Administrative Use			
IMS Courses (year):	Part I Practicum:	Part II Practicum:	Review Course:
Location:			
Licensed Practitioner:		Professional College:	
Payment Processing:		Receipt Issued:	
Qualifications Reviewed:		Posted:	