



PROFESSIONAL CONTACT:

Practitioner Name:		Primary Designation:	
Professional College(s):	Directory(s) WebLinks:	License ID#'s:	Designation(s) (other):
			<input type="checkbox"/> Medical Doctor <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other
Special focus of interest for GunnIMS:			

DIRECTORY PROFILE:

Browse to your current profile listing to review & confirm: [iSTOP Directory](#)

- *** NO CHANGE *** all looks good!

If an update is required:

- Indicate changes on reverse
- Or, sign in using your email address and update the profile yourself, 24/7
- Yes, I am registered with local WCB to accept workers compensation cases
- I work through multiple clinic locations (see below for upgrade option)
- Our clinic has several (#___) Gunn trained IMS practitioners, please add flag "Clinic Group"
- No listing please, I'm not a practitioner. (donor, researcher, patient, enthusiast)

Membership renewal for Year (s): _____

Fee for renewals has remained unchanged since 2008.

In order to help keep the rate low, please refer a colleague ;)

- Basic Membership** \$100
UPGRADE: add \$25 for each additional business listing on the international directory
 ADD: \$25 X ___ # locations \$_____
- To submit contact information for each additional location, please use reverse
 Adjusted total \$_____

PAYMENT OPTIONS:

- Secure online payment has been sent to iSTOP email: finances@istop.org
- Visa MasterCard [PayPal Worldwide](#) [Interac.ca](#)

Credit Card #: _____ - _____ - _____ - _____ Name on Card (if different than above): _____

Expiry Date (MM/YY): ____ - ____ Signature: _____

- Cheque enclosed, payable to: "The Institute for the Study and Treatment of Pain"
- Please send me an invoice at this email: _____

Please note:

Enter website only if full contact information is displayed.

A unique email address is required per profile listing, a secondary email may also be added.

ie. eMail1: personal email, will not be displayed

ie. eMail2: clinic email, will be displayed on the web

One free listing in the iSTOP International Member Directory is included with your membership. We will set up a basic profile which may be updated anytime. Your membership fee will apply for one year upon enrollment and is renewable on the anniversary date. Therefore you can renew anytime throughout the year at your convenience. If the membership becomes "lapsed", then the profile listing automatically becomes non-visible to the public. It will reappear when payment is received. This becomes an easy way to manage / direct client interest to or away from your practice while on vacation, sabbatical, or are too busy and not accepting new clients. You can put your listing and membership on "hold" while you are away if an extended gap in service is anticipated. Donors, researchers, patients, and enthusiasts may request a clandestine membership and receive iSTOP newsletters on a subscription basis.

Clinic Name #1 (primary location): _____

Address: _____ Tel: _____

City: _____ Fax: _____

Province/State: _____ eMail1 (private): _____

Postal Code/Zip: _____ eMail2 (public): _____

Country: _____ www. _____

Clinic Name #2: _____

Address: _____ Tel: _____

City: _____ Fax: _____

Province/State: _____ eMail1 (private): _____

Postal Code/Zip: _____ eMail2 (public): _____

Country: _____ www. _____

Clinic Name #2: _____

Address: _____ Tel: _____

City: _____ Fax: _____

Province/State: _____ eMail1 (private): _____

Postal Code/Zip: _____ eMail2 (public): _____

Country: _____ www. _____

Administrative Use			
Course Location:	Part I Practicum:	Part II Practicum:	Review Course:
Instructor(s):			
Payment:		Receipt Issued:	
Qualifications:	WCB	Posted:	

Print & Mail Cheque to: 5655 Cambie Street, Suite #280, Vancouver, BC V5Z 3A4 CANADA

Fax Form to: 604-264-7860

Online Payment: expect an email receipt soon!