



www.americanbalintsociety.org

The American Balint Society 2010 Membership Application

Name _____

Organization _____

Title _____

Address _____

Email _____

Work Phone _____ Fax _____ Home Phone _____

Field of professional licensure or accreditation _____

I certify that my licensure or accreditation is in good standing (if applicable):

Signature _____

Annual Dues:

One-year membership	\$75
Students, residents, fellows	\$30

Please check one:

- This is my first year as a member of the American Balint Society
- This is a membership renewal (I belonged in 2009)
- I was a member before 2009, but am not current

Please check one:

- I have paid my dues with my registration for Fall 2009/Spring 2010 Intensive
- I have paid my dues with a credit card
- I am enclosing a check payable to the American Balint Society

Return this form with your annual dues (if not already paid) to:

Jillian Romm RN, LCSW
Oregon Health & Science University - Dept ObGyn UHN50
3181 SW Jackson Park Road
Portland, OR 97239
rommj@ohsu.edu Phone: 503-494-4042 FAX: 503-494-3111