



The American Balint Society 200- Membership Application

Name: _____

Organization: _____

Title: _____

Address: _____

E-Mail: _____

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: \$75.00

Students, residents, or fellows: \$30.00

Please check one:

This is my first year as a member of the American Balint Society"

This is a membership renewal (I belonged in 200,)"

I was a member before 200, žbut did not renew last year"

PLEASE check one:

I have paid my dues with my registration for a 2009 Intensive.

I have paid my dues with credit card.

I am enclosing a check payable to the American Balint Society.

Return this form with your annual dues (if required) Jillian Romm, ABS secretary, at:

Jillian Romm RN, LCSW

Department of ObGyn - UHN50

Oregon Health & Science University

3181 SW Sam Jackson Park Road

Portland, OR 97239

OR email to: rommj@ohsu.edu

OR fax to Jill's attention at 503-494-3111

Phone: 503-494-4042

WELCOME TO THE AMERICAN BALINT SOCIETY!