



# Association for Hanna Somatic Education<sup>®</sup>, Inc.

Dear Members:

Please join, activate or renew your annual membership dues so that the AHSE can continue to fulfill its mission and provide services for its members and the public.

To join, activate or renew your membership by mail, please fill-in the form below and include your check to process your fee. To make your payment for membership by credit card, please visit our website [www.hannasomatics.com](http://www.hannasomatics.com).

Membership is from January 1, to December 31 of each year. Please indicate the year you are paying for here \_\_\_\_\_.

**Charter Member Annual Dues** ..... \$150.00

Limited to original HSE Training 1990-1992 members who Certified and equally shared AHSE incorporation costs; our 13 Charter Members are: Brad Bennett; Eleanor Criswell Hanna; Karen Hewitt; Susan King; Susan Koenig; Nick Medwid; Maggie Munroe; Nikki Nicodemus; Penny Pruzan; Angelo Querin; Phil Shenk; Marilyn Warnock; and Gerald Wylie.

**Certified Member Annual Dues** ..... \$150.00

Limited to HSE Certified members who are not Charter members.

**HSE Certified Associate Member Annual Dues** ..... \$ 50.00

Limited to those certified in Hanna Somatic Education<sup>®</sup> by the Novato Institute who are not Charter Members and who elect not to become a Certified Member for the current year.

**Student Member Annual Dues** ..... \$ 75.00

Limited to HSE practitioners-in-training who have not yet been certified in HSE.

**Lifetime Associate Member Annual Dues** ..... \$ 50.00

Limited to original HSE Training 1990-1992 members who have not yet been certified in HSE.

**Associate Member Annual Dues** ..... \$ 50.00

Associate Members are allied somatics professionals, other health care professionals, and interested members of the general public who would like to receive Associate Member benefits and to support the work of the AHSE.

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**PLEASE CHECK:** I do \_\_\_ do not \_\_\_ wish to be included in the AHSE Secondary Membership list to receive mailings from other AHSE members of a commercial nature, e.g., workshops, books, tapes, CDs etc.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City; State; Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone numbers (indicate whether "listed/public" or "unlisted/private"): \_\_\_\_\_

E-mail address(es): \_\_\_\_\_

Total Amount Due & Paid = \$ \_\_\_\_\_ Make checks or money orders payable to "AHSE".

2137 Penny Lane, Napa, CA 94559

Website [www.hannasomatics.com](http://www.hannasomatics.com)