



Association for Hanna Somatic Education[®], 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 2012 membership, please fill-in the form below and include your check or credit card information to process your fee.

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 (deceased); 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[®] 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□

Any other interested persons from the public.

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."

Visa/MasterCard/Discover require ALL of the following card-processing data:

Card #: _____ Valid Dates: ____/____/____

Three digit code on back of Card: _____ Authorizing Signature: _____

Cardholder Name: _____

Cardholder Billing Address for Card: _____

Cardholder Telephone # Associated with Card: _____

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