



The American Balint Society 2012 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 2011)
- I was a member before 2011, but am not current

Please check one:

- I have paid my dues with my registration for Spring 2012 Intensive
- I have paid my dues via PayPal
- I am enclosing a check payable to the American Balint Society

Return this form with your annual dues (if required) to

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Wynnewood, PA 19096
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