



Please print and mail or fax to iSTOP at Lower Floor, 5655 Cambie Street, Vancouver, BC V5Z 3A4 or (604) 264-7860

Which year will you be paying for? _____

As of January 1, 2008 the following fee structure will be in place:

- Renewal information received on or before January 31 - \$100
- Renewal information received from February 1 - March 31 - \$125
- Renewal information received from April 1 - June 30 - \$150

PAYMENT OPTIONS:

Cheque Enclosed Visa MasterCard

Number: _____ Expiry Date (MM/YY): _____

Name on Card: _____ Signature: _____

PROFESSIONAL ADDRESS: (this will be displayed under members' list on our website)

IMS Practitioner Name: _____

Training: Medical Doctor Physiotherapist

Clinic: _____

Address: _____

City: _____ Province/State _____

Zip/Postal Code _____ Country: _____

Contact Telephone Number: _____

Email _____

IMS Course(s) I attended: _____

Location: _____

Instructors: _____

When did you complete Part I? _____

Did you complete Part II practicum? YES NO If yes, when? _____

Did you receive a Membership Certificate last year? _____

Did you receive a Yearly decal/sticker for your certificate last year? _____