



GOALS OF MEMBERSHIP

Disseminate information on latest advances in Mechanical Diagnosis and Therapy™



Increase the knowledge and expertise of its members



Improve the programs, services and support from the Institute



Provide a vehicle of communication between practitioners of the McKenzie Method®

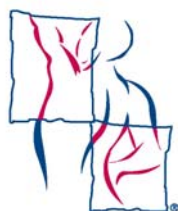
MAIL OR FAX

form with payment to:

The McKenzie Institute USA
432 N Franklin St, Ste 40
Syracuse, NY 13204-1491

Fax: 315-471-7636

Phone: 1-800-635-8380
info@mckenziemdt.org/index_us.cfm



Membership Application

YOUR MEMBERSHIP BENEFITS INCLUDE:

- 10% discount on all course registrations (saving over \$200) (excluding the Credentialing Exam and Audits)
- International Journal of MDT (published 3x a year)
- Discounts on McKenzie Conferences of the Americas
- Access to our Online Research Database of Clinical Abstracts and Research Reviews
- Free classified listing for Job Opportunities on our website
- Product discounts -- MIUSA, OPTP
- Subscription discounts – BACKLETTER (To subscribe, request flyer from MIUSA)
NEW!! JOURNAL OF MANUAL & MANIPULATIVE THERAPY (JMMT)
TO SUBSCRIBE: <http://maney.co.uk/index.php/journals/jmt>
- Marketing Support for Cert.MDT/Dip.MDT members (designed to make your job easier and business more cost-effective to promote your McKenzie certification):
 - ▶ Customized patient/consumer brochures
 - ▶ Link to your company's website on our Therapist Locator
 - ▶ McKenzie Overview Program (PowerPoint & Facilitator Guide) – **NOW FREE VIA EMAIL!**

Name _____

Home Address _____

City _____ State _____ ZIP _____

Ph: (Home) _____ Ph: (Cell) _____

Email (must provide to use online services) _____

Occupation _____ Lic #: _____

Employer _____

Work Address _____

City _____ State _____ ZIP _____

Ph: (Work) _____ Fax _____

Please check one: New Membership Renewal Membership

FEES: (Outside the U.S.A., add \$20 and you must pay by credit card)

- \$125 \$89 Cert-Dip.MDT
 - \$65 Student-undergrad (Proof of student status is required.)
- University: _____ Year Grad.: _____ Degree: _____

- Check payable to: The McKenzie Institute
- VISA Personal Card
- MasterCard Company Card
- Discover

Cardholder Name: _____

Card #: _____ Exp. Date: _____

Billing Address: _____

City, ST, Zip: _____

Signature: _____

For Office Use Only

Date Paid: _____ Amt. Paid: _____ Student #: _____

Confirm #: _____ Check #: _____ CE _____ Dip _____