



**McKenzie**  
INSTITUTE  
U.S.A.

**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**  
with payment to:

The McKenzie Institute USA  
432 N Franklin St, Ste 40  
Syracuse, NY 13204-1461

Fax: 315-471-7636

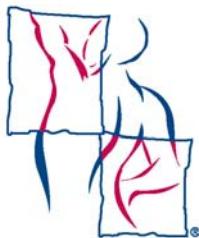
**JOIN ONLINE**

[www.mckenziemdt.org/mem.cfm](http://www.mckenziemdt.org/mem.cfm)

**CONTACT US:**

1-800-635-8380

[info@mckenziemdt.org](mailto:info@mckenziemdt.org)



# MEMBERSHIP APPLICATION

YOUR MEMBERSHIP BENEFITS INCLUDE:

- ▶ **NEW!! PRINT SUBSCRIPTION** to the JOURNAL OF MANUAL & MANIPULATIVE THERAPY (JMMT)  
FOUR ISSUES ANNUALLY ~ PUBLICATION DETAILS: [www.maney.co.uk/journals/jmt](http://www.maney.co.uk/journals/jmt)
- ▶ **10% discount on all course registrations (saving over \$200)** (excluding the Credentialing Exam and Audits)
- ▶ Discounts on McKenzie Conferences of the Americas
- ▶ Access to our Online Research Database of Clinical Abstracts and Research Reviews
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- ▶ Product discounts – MIUSA, OPTP
- ▶ Your partner for *cost effective* website and online marketing services – [www.PhysicalTherapistSites.com/TMKI](http://www.PhysicalTherapistSites.com/TMKI)
- ▶ 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) – **FREE VIA EMAIL!**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Cell # \_\_\_\_\_ Home# \_\_\_\_\_

EMAIL: (must provide to use online services) \_\_\_\_\_

Occupation \_\_\_\_\_ Lic # \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Ph: (Work) \_\_\_\_\_ Fax \_\_\_\_\_

Select One:  New Membership  Renewal Membership

FEES: (Outside the USA, 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
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Cardholder Name: \_\_\_\_\_

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<b>FOR OFFICE USE ONLY</b>			
Date Paid: _____	Amt. Paid _____	Student #: _____	
Confirm #: _____	Check #: _____	CE _____	Dip _____