



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®

E-MAIL, FAX or MAIL with payment to:

wendy@mckenzieinstituteusa.org

The McKenzie Institute USA
432 N Franklin St, Ste 40
Syracuse, NY 13204-1559

Fax: 315-471-7636

Contact Us:
1-800-635-8380

info@mckenzieinstituteusa.org

MEMBERSHIP APPLICATION

YOUR MEMBERSHIP BENEFITS INCLUDE:

- ▶ **Unlimited access to review the Parts A & B online components based on your training status**
- ▶ **DIGITAL SUBSCRIPTION** to the JOURNAL OF MANUAL & MANIPULATIVE THERAPY (JMMT)
- ▶ **10% discount on course registrations (saving over \$200)** (excluding the Credentialing Exam and Retakes)
- ▶ **Ongoing access to the MII video library of MDT procedure videos, based on your training status**
- ▶ 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 and a monthly email blast to our active database for even more exposure!
- ▶ Product discounts – MIUSA, OPTP
- ▶ 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 (additional fees apply)
 - Link to your company's website on our Therapist Locator
 - McKenzie Overview Program (PowerPoint & Facilitator Guide)

Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone: (Cell) _____

EMAIL: (must provide to use online services) _____

Occupation _____ Lic # _____

Employer _____

Work Address _____

City _____ State _____ ZIP _____

Phone: (Work) _____ Fax _____

Select One: New Membership Renewal Membership

FEES: (Outside the USA, add \$20 and you must pay by credit card)

\$135 \$100 Cert-Dip.MDT

\$75 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
- Amex

Cardholder Name: _____

Card #: _____ Exp. Date: _____ CCV# _____

Billing Address: _____

City, ST, Zip: _____

Signature: _____

FOR OFFICE USE ONLY

Date Paid: _____	Amt. Paid _____	Student #: _____
Confirm #: _____	Check #: _____	CE _____ Dip _____