



THE  
**McKenzie**  
INSTITUTE®  
USA

**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](mailto:wendy@mckenzieinstituteusa.org)

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Syracuse, NY 13204-1559

**Fax: 315-471-7636**

**JOIN ONLINE**

[www.mckenzieinstituteusa.org](http://www.mckenzieinstituteusa.org)

**CONTACT US:**

**1-800-635-8380**

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



# MEMBERSHIP APPLICATION

**YOUR MEMBERSHIP BENEFITS INCLUDE:**

- ▶ **NEW!! PRINT SUBSCRIPTION** to the JOURNAL OF MANUAL & MANIPULATIVE THERAPY (JMMT)  
FIVE ISSUES ANNUALLY
- ▶ **10% discount on all course registrations (saving over \$200)** (excluding the Credentialing Exam and Audits)
- ▶ **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
- ▶ Your partner for **cost effective** website and online marketing services – PhysicalTherapistSites
- ▶ 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)

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: \_\_\_\_\_

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