

IFPNA Application

The Infinity Foundation Practitioners' Network Association is an umbrella membership open to any practitioner who meets its requirements. Please see page 41 for more information.

Annual membership levels: Basic: \$50, Premium: \$125, Sterling: \$150. Annual renewal date is Nov. 1. You may join any time, though the membership rate is not pro-rated. Special group rates are available for groups of five or more. Please print *very clearly* and send to Infinity Foundation, 1282 Old Skokie Road, Highland Park, IL 60035.

Personal Information	Information to be listed in publications and on web site
Name _____	Name & Credentials _____
Credentials (max 25 characters) _____	Address _____
Billing Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Work Phone _____ Cell Phone _____
Home Phone _____ Work Phone _____	E-mail _____ Fax _____
E-mail _____ Fax _____	Web Site _____

1. What is your primary practice? (please do not combine two practices; the one listing is for the course guide)

2. List up to four secondary practices for the web site (you must have certifications/licenses, if they exist, to have them listed)

3. Do you have any pending law suits or injunctions against you? ____ If so, what? _____
4. Have you been convicted of any felonies or malpractice? ____ If so, what? _____
5. What one category should your practice be listed under for the web site and phone referrals? _____
6. Has your license or certificate ever been revoked or suspended? ____ If so, why? _____
7. Are you licensed or certified? If so, in what? _____
8. Are you currently enrolled in any programs related to your practice? If so, what and where? _____
9. Please give one referral, a client or colleague you've worked with in your area of practice as a reference (no reference is needed if you are a speaker or sell products).
Referral: Name _____ Phone _____ Email _____
Please check if your reference is a client or a colleague
10. Please attach a copy of all certificates and licenses you've earned that relate to the work you do.

It is the policy of Infinity Foundation not to discriminate against any individual on the basis of race, color, religion, national origin, gender, sexual orientation, marital status, handicap, or veteran status in matters of Membership in the Practitioners Network. The membership application fee is refundable in the event your membership is not accepted. Acceptance as a member shall be conditional on the member agreeing to abide by all the terms and provisions of the Membership Agreement and submission of required documentation along with a complete application.

I certify that all the information provided above is true and I agree to abide by the Membership Agreement.

Signature

Date

Please return the completed application with supporting documentation with fee made payable to: Infinity Foundation, 1282 Old Skokie Road, Highland Park, IL 60035. Be sure to keep a copy of the completed application and all supporting documents for your files. We are not responsible for returning any materials to applicants.

PAYMENT INFORMATION

Please include a check for \$50 \$125 or \$150 or charge it Card Holder Name _____
Visa/MC/Discover # _____ Exp. date _____ CVV(3 or 4 digits) _____
Card Holder Signature _____

Below is for administration of applications, for Infinity use.

CC WWW Reference TW copy DB Brochure Copy Card/Letter New/Renewal CG Check# _____