

Association for Integrative Psychology, Inc.
APPLICATION FOR AFFILIATION/CERTIFICATION

First Name	Middle	Last Name	Degree if any
Address			
City:	State/Province/Other	Country	
Zip/Postal Code	Email address		
Daytime phone (include country/area code)	Evening Phone (include country/area code)		
Fax number (include country/area code)	Website		
Profession(s)			

Gender Male Female Professional licensure if any _____

INDEMNIFICATION: *To the extent permitted by law, I hereby agree to protect, indemnify, defend and hold harmless AIP, the AIP Board and Committees, and all AIP employees, agents, directors, and associates against all claims/losses arising out of association with AIP including, but not limited to, certification, errors and omissions, affiliation, and participation in any AIP sponsored workshops, except those claims arising out of the sole gross negligence or willful misconduct of AIP. I am also in agreement that by submitting this document electronically I am in acceptance of it being a legal and binding contract.*

Signature (required) _____ **Date:** _____

- I wish to only apply for affiliation (membership) in the Association for Integrative Psychology. *(Not Common)*
 I wish to apply for affiliation (membership) in AIP and certification(s) in/as:

Neuro Linguistic Programming

- Practitioner
 Master Practitioner.
 Trainer
 Master Trainer

Hypnosis or Hypnotherapy

- (Circle Hypnosis or Hypnotherapy. If possible, AIP will honor your choice.)*
 Practitioner
 Master Practitioner
 Trainer

Mental and Emotional Release® (MER) or Time Empowerment®.

Eligibility Required for Time Empowerment.

- Practitioner
 Master Practitioner
 Trainer @ Practitioner Level
 Trainer @ Master Practitioner Level

Quit Smoking Specialist

(Extension Certificate. Eligibility Required)

Integrative NLP Coach

(Extension Certificate. Eligibility Required)

FEES:

- **\$75 (US)** One-year affiliation (membership) in the Association for Integrative Psychology.
- **\$125 (US)** Each certification will be issued digitally. Certification is valid for 1 year.
Certification must be documented with copy of completion certificate and/or current certification. Training information and exam may also be required.
- **\$50 (US)** Extension Certificate. Each certification will be issued digitally. Certification is valid for 1 year.
- **\$75 (US)** Late Renewals & Reactivation of Affiliation/Certification Fee.
Required for all late renewals and inactive affiliates seeking reactivation. This fee is in addition to renewal rates.
- **\$10 (US)** Each physical and replacement certificate request.

SHIPPING FEES: *Please add applicable shipping fees for physical certificate requests.*

- \$3 (US)** First Class Mail within US **\$5 (US)** First Class Mail to Canada **\$7 (US)** First Class Mail to all other Countries

PAYMENT:

- Charge my credit card below Send **PayPal link** or **Electronic Invoice** to email (Circle one) Check enclosed for: _____ US
US Only ONLY option for Canada and International payments

Credit Card number	MC/VISA/Am Ex	Expiration Date	Security Code
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Billing Address (if different from above)

Credit Card Billing Signature	Date	Amount billed to credit card (US)
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Mail application and fee payment to: Association for Integrative Psychology; 10620 Southern Highlands, Ste 110-228; Las Vegas, NV. 89141; USA **OR** Fax to 1-808-791-5051. Make check payable to *Association for Integrative Psychology*. There is a \$25.00 (US) fee for returned checks. For questions, call 1-808-731-8393 or toll free at 1-877-935-0AIP (0247) (US, Puerto Rico, and Canada.) You may also choose to email us at info@aiponline.org.