



**BIODYNAMIC
CRANIOSACRAL
THERAPY
ASSOCIATION
OF NORTH AMERICA**

Student Membership:

A student member shall be enrolled in foundation training with an approved teacher, as currently defined by the Board. A student member shall be entitled to one (1) vote in any election or other matter requiring a membership vote and will receive a copy of our Cranial Wave publication in a PDF email.

Please return this completed form to:

BCTA/NA
11006 Connally Lane
Raleigh, NC 27614
239-206-6078

BCTA@adminetcetera.com

Please allow 2-4 weeks for processing

BCTA/NA Complimentary New Student Application

This form should only be used for students in their first year of a foundation training, applying for the first time. Please note that you will need to submit an annual Student Renewal Form with your Renewal Fee of \$35.00 USD next year by May 31st.

Your next renewal date is based on the date you applied as follows:

- If applying between June 1 and December 31, your next renewal date will be May 31.
- If applying between January 1 and May 31, your next renewal date will be May 31 of the following year.

Contact Information to be used by organization:

FIRST NAME*	MI	LAST NAME*
ADDRESS*		
CITY*	STATE/PROVINCE*	ZIP/POSTAL CODE*
PHONE NUMBER*		
EMAIL*	DATE	

**Denotes required information to be processed*

Foundation Training: (Please print clearly)

PLEASE LIST ALL FOUNDATION TEACHER'S NAMES*

TRAINING START DATE* TRAINING COMPLETION DATE*

**Denotes required information to be processed*

I authorize BCTA/NA to provide all communication for official organizational business to me via email, including the monthly E Newsletter and yearly Cranial Wave Publication PDF (I authorize paperless communication.)

Yes No

Signature: _____ Date: _____