



**BIODYNAMIC  
CRANIOSACRAL  
THERAPY  
ASSOCIATION  
OF NORTH AMERICA**

**RCST® Membership:**

RCST® members shall have completed the required training in Biodynamic Craniosacral Therapy, as currently defined by the Board. A RCST® member shall be entitled to one (1) vote in any election or other matter requiring a membership vote, receive an electronic copy of our Cranial Wave publication and is eligible to receive a discount on conference registration.

**Please return this completed form to:**

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

[BCTA@adminetcetera.com](mailto:BCTA@adminetcetera.com)

Please allow 2-4 weeks for processing

**BCTA/NA RCST®  
On Sabbatical  
Annual Renewal Form**

*Annual Renewal Forms are due  
each year by May 31<sup>st</sup>*

**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*

**Annual On-Sabbatical Renewal Fee is \$50.00 USD  
Payment Information:**

Renewal Fee: \$ \_\_\_\_\_

Money Order/Check# \_\_\_\_\_ (Make checks payable to BCTA/NA, US Checks only, please)

Credit Card:  Visa  MasterCard

CREDIT CARD NUMBER

CREDIT CARD EXPIRATION DATE THREE DIGIT CODE

PRINT NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE (By signing you authorize the above amount to be charged on this credit card)

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## Please answer the question below:

I authorize BCTA/NA to provide all communication for official organizational business to me via email (I authorize paperless communication).

Yes

No

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## Information for Practitioner Referral on BCTA/NA Website *(Please print clearly):*

NAME\* (AS YOU WOULD LIKE IT TO APPEAR ON THE WEBSITE)

ADDITIONAL CREDENTIALS TO BE LISTED IN ADDITION TO RCST® (UP TO 2 MORE)

CITY\*

STATE/PROVINCE\*

ZIP/POSTAL CODE\*

Please note that the designation, "On Sabbatical" will replace your contact information.

***\*Denotes required information to be listed on website.***

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## Standards of Practice and Code of Ethics:

I hereby agree to undertake and follow the Standards of Practitioner Competencies and the Code of Ethics of BCTA/NA in the practice of the Biodynamic model of Craniosacral Therapy. I understand the RCST® is the registered trademark of BCTA/NA members-in-good-standing who have been granted RCST® status. The registered trademark symbol ® must always be used with the RCST® designation. Additionally, I agree to refer to the work as Biodynamic Craniosacral Therapy.

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**SIGNATURE (REQUIRED)**