

Society of Experiential Trance
www.TranceSociety.org



APPLICATION FOR MEMBERSHIP / MEMBERSHIP RENEWAL FORM / SPECIALIZATION FORM

Please Check
Appropriate:

- | | |
|---|--|
| <input type="checkbox"/> New Associate Membership (\$50 - one year - Non-Certified) | <input type="checkbox"/> New Certified Membership (\$75 - one year - Certified) |
| <input type="checkbox"/> Renew Associate Membership (\$40 - one year - Non-Certified)
Membership No. _____ | <input type="checkbox"/> Renew Certified Membership (\$50 - one year - Certified - 15 CEUs or 20 CEUs)
Membership No. _____ |
| <input type="checkbox"/> Renew Associate Membership (\$65 - two years - Non-Certified)
Membership No. _____ | <input type="checkbox"/> Renew Certified Membership (\$75 - two years - Certified - 30 CEUs)
Membership No. _____ |
| <input type="checkbox"/> Specialist Certificate of Completion (\$75 - Associate Members - one time fee)
Specialization Topic: _____ | <input type="checkbox"/> Professional Specialist Certification (\$50 - Certified Members - one time fee)
Specialization Topic: _____ |

Instructor Name:
(For Verification) _____

Dues/Fees Paypal Receipt No.:
(Payment Verification) _____

CEU: **15** for one year renewal, **30** for two year renewal, **45** for **Honors Level Membership**, **66** for Five consecutive years for **Braid Order of Merit Award**. Expired membership may be renewed, requiring 20 CEU – one year renewal only.

CEU Credits Completed.:
(Admin Verification for Renewals) _____

Name (Printed in Full):
(as it will appear on certificate) _____

Mailing Address: _____

Country: _____

Date of Birth: _____ / _____ / _____

Phone:
(Include Country Code) _____

Fax:
(Include Country Code) _____

Email: _____

Webpage: _____

By my signature, I hereby affirm that the above information is correct to the best of my knowledge and that I agree to abide by the regulations, ethics guidelines, and other rules of the **Society of Experiential Trance**. I am fully aware of the requirement of **twenty-five continuing education credits** required *each year* for membership renewal and verify compliance that these regulations have been fulfilled. Any required CEUs must be registered with the Society and confirmed by appropriate administrator(s) and should be forwarded with complete itemized information to SET administrators. I am also aware that in the event a Certified Membership lapses or is down-graded into a Non-Certified Membership, all Specialist Certifications become null and void.

Member Signature

Date

Members below the age of majority must have a co-signature by a Parent or Legal Guardian. Please note that while membership is open to minors with parental permission and approval, certain specializations are open only to persons over the age of majority.

Parent/Guardian Signature
(If Required)

Date

Attention New Members and Renewing Members: Make certain that all of the information is correct. Sign the age, training, and continuing education affidavit. Submit dues via the online payment system linked to at www.trancesociety.org. Email this form to brian@briandavidphillips.com or mail it to Brian David Phillips • #22-16, Hua Hsing First Road • Chi Du District • Keelung 206 • Taiwan. New memberships and specialization training will be confirmed with the appropriate certified instructor for the Society of Experiential Trance (please verify instructor's status as a currently authorized trainer/examiner with SET administrators).