

**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.

I wish to apply for affiliation (membership) in AIP and certification(s) in/as:

**Neuro Linguistic Programming**

- Practitioner
- Master Practitioner.
- 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®.**

*(Circle MER or Time Empowerment. Eligibility Required)*

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

**Quit Smoking Specialist**

**Integrative NLP Coach**

**FEES:**

- \$75 (US) One-year affiliation (membership) in the Association for Integrative Psychology
- \$125 (US) Each certification. Certification is valid for 1 year. *Certification must be documented with copy of completion certificate &/or current certification. Training information and exam may also be required.*
- \$75 (US) Late Renewals & Reactivation of Membership/Certification Fee. *Required for all late renewals and inactive affiliates seeking reactivation. This fee will be assessed in addition to the renewal rates.*
- \$25 (US) Replacement Certificates: *Required for all replacement certificate requests. This fee will be assessed for each certificate requested in addition to any shipping fees that may apply.*

**SHIPPING FEES:** *Please add applicable shipping fees*

- USA/Puerto Rico – First Class: No Charge / Express Mail: \$35.00 US
- Canada – First Class: \$3.00 (US) / Express Mail: \$35.00 US
- Other Countries – First Class: \$5.00 (US) / Express Mail: \$50.00

**Check enclosed for:** \_\_\_\_\_ (US) **or bill my credit card below**

Credit Card number	MC/VISA/Am Ex	Expiration Date	Security Code
Billing Address (if different from above)			
Credit Card Billing Signature	Date:	Amount billed to credit card	

**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](mailto:info@aiponline.org).