



## 2009 Membership Application/Renewal

# Society for the Advancement of Brain Analysis

**Purpose:** To promote objective standardization of concepts and methods in CMT (Cortical Modification Training) and qEEG through collective education and research, leading to empirical and effective applications.

### Benefits of Membership:

- Annual meetings at which you will get to hear high powered speakers in the field of brain research and also learn practical clinical skills to take back to your practice.
- Access to previous meeting recordings
- Prestige of being an early member of what will soon be a well respected scientific organization and practitioner network
- Newsletters to keep you informed
- Bi-directional links to and from your website to the upcoming SABA website.
- Members-only access to a clearinghouse of research information that is relevant to our field, filtered for you by Barry Serman and David Kaiser.
- Networking and sharing of ideas with like-minded practitioners.
- Opportunities to participate in collective research.
- Discounts on conference registration fees

<b>NAME</b> (Given name and/or company name, as you wish it to appear on your membership certificate and referral directory)	<b>DATE OF BIRTH</b>	<b>FAX</b>
<b>OFFICE STREET ADDRESS</b>	<b>CITY, STATE, ZIP</b>	<b>TELEPHONE No.</b>
<b>HOME STREET ADDRESS</b>	<b>CITY, STATE, ZIP</b>	<b>TELEPHONE No.</b>
<b>EMAIL</b>		<b>CELL PHONE No.</b>

EDUCATION	Name of College or University	Date of Graduation	Degree
UNDERGRAD			
GRADUATE			
LICENSES & CERTIFICATIONS			

**Membership Dues:** Annually \$150. **Early renewal discount:** \$125 if paid by Dec.1, 2008

Check Enclosed      Make Checks Payable to: **SABA**

Charge my:     Visa     MC     AMX    (cc charge will be listed as **Advanced Health Research Institute**)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVS Code \_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Completed Application to:**

**Society for the Advancement of Brain Analysis**  
1031 Rosecrans Ave., Suite # 104  
Fullerton, CA 92833

**Or Fax Credit Card Info and Application to:** (714) 523-1637

(Need more information? Email: SABARegistration@earthlink.net)