

IFPNA APPLICATION

INFINITY FOUNDATION
PRACTITIONERS' NETWORK ASSOCIATION

The Infinity Foundation Practitioners' Network Association is an umbrella membership open to any practitioner who meets its requirements. Please see page 29 for more information. Basic Membership is \$50, Premium Membership is \$125 and Sterling Membership is \$150 annually. Annual renewal date is November 1, but you may join any time during the year. If you join during the year, the membership rate is not pro-rated. Special group rates are available for groups of practitioners of five or more. Please print very clearly and send to Infinity Foundation, 1282 Old Skokie Road, Highland Park, IL 60035.

Name and credentials (After your name we will list up to 25 characters relating to your credentials.)

Address _____ City _____
 State _____ Zip _____
 Voice home _____ Work _____
 E-mail _____ Fax _____ Web Site _____

1. What is your primary practice? _____
 2. List up to 4 secondary practices for the web site (you must have certifications/licenses, if they exist, to have them listed)

 3. Do you have any pending law suits or injunctions against you? ____ If so, what? _____
 4. Have you been convicted of any felonies or malpractice? ____ If so, what? _____
 5. What one category should your practice be listed under for the web site and phone referrals? _____
 6. Has your license or certificate ever been revoked or suspended? ____ If so, why? _____
 7. Are you licensed or certified? If so, in what? _____
 8. Are you currently enrolled in any programs related to your practice? If so, what and where? _____
 9. List the phone and address, E-mail, and/or fax you want listed on the web site and given out over the phone (If it is the same information as the top of the application just note that here.) _____
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10. Please give one referral, a client or colleague you've worked with in your area of practice as a reference (no reference is needed if you are a speaker or sell products).
 Referral: Name _____ Phone _____ Email _____
 Please check if your reference is a client or a colleague
11. Please attach a copy of all certificates and licenses you've earned that relate to the work you do.

It is the policy of Infinity Foundation not to discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, handicap, or veteran status in matters of Membership in the Practitioners Network. The membership application fee is refundable in the event your membership is not accepted. Acceptance as a member shall be conditioned on the member agreeing to abide by all the terms and provisions of the Membership Agreement and submission of required documentation along with a complete application.

I certify that all the information provided above is true and I agree to abide by the Membership Agreement.

 Signature Date

Please return the completed application with supporting documentation. Send and make the membership application fee payable to: Infinity Foundation, 1282 Old Skokie Road, Highland Park, IL 60035. Be sure to keep a copy of the completed application and all supporting documents for your files. We are not responsible for returning any materials to applicants.

PAYMENT INFORMATION

Please include a check for \$50, \$125, or \$150 or charge it on Visa/MasterCard
 Visa/MC # _____ Exp. date _____
 Card Holder Signature _____

Grid below is for administration of applications, for Infinity use.

CC	WWW	Reference	PB copy	DB	Brochure Copy	Card/Letter New/Renewal	CG
<input type="checkbox"/> Check# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>