

# BODY-MIND CENTERING®

association, inc.

## Body-Mind Centering® Association, Inc.

P.O. Box 592 • Charlottesville, VA 22902 • [www.bmcassociation.org](http://www.bmcassociation.org)

### Membership Application

Please complete the following form to apply for BMCA membership.

*Note: All fields marked with an asterisk \* are required.* QUESTIONS: Contact [admin@bmcassociation.org](mailto:admin@bmcassociation.org)

Email Address \_\_\_\_\_

Username: Your Username will be your first and last names, with no space in between. **For example: MaryJones.** A temporary password will be assigned to you that you can change by logging in to the website and selecting one of your choosing. BMCA does not record password information.

User Name: (First Name, no space, Last Name) \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State/Province\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_ Country\* \_\_\_\_\_

Home Phone \* \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \* \_\_\_\_\_

Occupation \_\_\_\_\_

*Additional Certifications or licenses:* \_\_\_\_\_

*Areas of Special Interest:* \_\_\_\_\_

\_\_\_\_\_

**All Members** - Display above Information in the Membership Directory on the BMCA website (if not selected you will not appear in the Membership Directory)

You may leave out the following information if it is **the same** as the information above. Write "SAME".

Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Web Address \_\_\_\_\_

**Professional Members Only** - Display above Information in the Professional Directory on the BMCA website  
(if not selected you will not appear in the Professional Directory)

<b>BMC Certified Program Attended:</b>	<b>Graduation Year</b>
Certified Teacher (CT) Location _____	Year _____
Certified Practitioner (CP) Location _____	Year _____
Somatic Movement Educator (SME) Location _____	Year _____
Infant Developmental Movement Educator (IDME) Location _____	Year _____
Embodied Anatomy & Yoga (EAY) Location _____	Year _____
Embodied Developmental Movement & Yoga (EDMY) Location _____	Year _____

- I am actively enrolled in a BMC program.  
 Name of BMC Program: \_\_\_\_\_
- I am not actively enrolled in a program, but I am studying BMC with a Professional Teacher member.  
 Name of Professional Teacher member: \_\_\_\_\_
- I am a currently enrolled college student. Name of college: \_\_\_\_\_  
 .....

**AGREEMENT:\* All members must indicate agreement with the statement below by signing your initials on the line below. Your membership will be delayed if you do not initial below.**

I have read and I agree to abide by BMCA'S Code of Ethics, Standards of Practice, and Teachers' Guidelines which can be found at the following address: <https://bmcassociation.org/members>

\_\_\_\_\_ (Initial here)

Note: If a copy of these documents was not included with this application, and you do not have access to the Internet so you can view these documents online, please contact BMCA at [admin@bmcassociation.org](mailto:admin@bmcassociation.org) to receive a copy in the mail.

**Additionally, all professional members** are required to read and follow the Service Mark Guidelines, and are required to sign a sublicense agreement each year agreeing to the terms of use for the Service Mark. BMCA will send you these documents via e-mail (preferred method), or you may request them sent to you in the mail. If you are applying for professional membership, please indicate which method you prefer for receiving the Service Mark Guidelines and the Sublicense Agreement. The BMCA office must receive a signed copy of the sublicense agreement before your membership will become active. You can scan and e-mail the signature pages of the agreement, or send a signed copy through the mail to the BMCA office.

\_\_\_\_\_ Please e-mail me a pdf file of the Service Mark Guidelines and the Sublicense Agreement.

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## Membership Fees

Three Year Membership Rates are discounted by 7%. (Note: Professional membership includes a \$50/€40 annual Professional Mark Fee\*. This fee is not eligible for the 7% discount.)

Please visit <https://bmcassociation.org/> for current EU pricing

<u>Membership Level</u>	<u>One Year</u>	<u>Three Years</u>
BMCA Professional Membership*	\$175 USD	\$499 USD
BMCA Associate Membership**	\$65 USD	\$182 USD
BMCA Student *** or Friend	\$50 USD	\$140 USD
Library or Institution	\$100 USD	\$279 USD

- \* 80% of the Mark Fee is paid to the Mark Holder and originator of BMC, Bonnie Bainbridge Cohen, for the use of the Term Body-Mind Centering in publicity and professional endeavors and remainder assists BMCA in legal protection of the Mark. The other 20% covers administrative costs related to the Professional Mark.
- \*\* SBMC Certified, but not working as a professional in the field, Cannot use term Body-Mind Centering in publicity or professional endeavors – can include BMC in biographical information
- \*\*\* Student of Somatic Training or Undergraduate College

## YES, I WANT TO BECOME A MEMBER OF BMCA:

### Approval of Marketing Materials

**Professional** members are required to have their marketing materials approved for proper usage of the BMC Service Marks (the content is not otherwise reviewed.) This includes flyers, business cards, websites, and other publicity materials. Please send in your marketing materials scanned to email, if possible, to: [admin@bmcassociation.org](mailto:admin@bmcassociation.org) or mail them to BMCA. Your Professional membership will not be complete until this requirement is met. If you DO NOT HAVE any marketing materials, this requirement does not apply to you. If you subsequently develop marketing materials, they must be approved. If you have questions, contact: [admin@bmcassociation.org](mailto:admin@bmcassociation.org)

I am sending in my marketing materials for approval. Website URL: \_\_\_\_\_

I do not have any marketing materials at this time.

1. **Member Level:** \_\_\_\_\_ \$ or €: \_\_\_\_\_
2. **Current ISMETA Members may subtract \$15** ( \_\_\_\_\_ )
3. **Current APBF or GLIA members may subtract \$15** ( \_\_\_\_\_ )  
(only one discount allowed in this category)
4. **Do you wish to make a tax-deductible Contribution to BMCA? (Thank you!)** \_\_\_\_\_
5. **TOTAL:** \_\_\_\_\_

**Payment Options:**

- Euros – from EU only (see wiring instructions below)  
\*\*Due to Brexit this is no longer an option for our UK members
- Credit Card (in U.S. funds)
- Check (US only) or Money Order (in U.S. funds)

**Paying by Euros:**

**Direct Deposit of Euros:** When making your direct deposit, please indicate your name

(Swiss members please add €5 for bank fees in addition to the membership fee.)

TransferWise instructions:

Bank code (SWIFT / BIC): TRWIBEB1XXX

IBAN (to receive EUR from the EU only): BE40 9670 3651 0863

TW Account Holder: Body-Mind Centering Association, Inc

Address:

TransferWise Europe SA

Avenue Marnix 13-17

Brussels

1000

Belgium

**Paying by Credit Card:**

\_\_\_\_ VISA    \_\_\_\_ MasterCard    \_\_\_\_ AMEX

Card # (no hyphens/dashes): \_\_\_\_\_

Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit card information is not stored by BMCA. All numbers are destroyed after they have been processed.

**Paying by Check (US only) or Money Order (U.S. Funds):**

Please mail your check or money order with this completed application to:

**The Body-Mind Centering Association, Inc.**

**P.O. Box 592**

**Charlottesville, VA 22902**

**United States**

If any information is missing from your application, you will be contacted by BMCA before processing can be completed. After your BMCA application and your payment have been processed, you will receive confirmation of your membership. At that time you will be invited to join the BMCA member forum and you will receive the latest copy of our annual journal, Currents.

Thank you for applying for BMCA membership!

Questions: The best way to contact the BMCA is through e-mail at [admin@bmcassociation.org](mailto:admin@bmcassociation.org)