



## Body-Mind Centering® Association, Inc.

P.O. Box 710, South Hadley, MA 01075 • [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 \_\_\_\_\_

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:* \_\_\_\_\_

\_\_\_\_\_

Display above information in the Membership Directory on the BMCA website

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 \_\_\_\_\_

BMCA now makes its mailing list available for purchase by dance, bodywork, somatic and other related organizations as well as to BMCA Members. Check if you do NOT want your name included on this list.

**BMC Certified Program Attended:** **Graduation Year**

**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 \_\_\_\_\_

**BMC Allied Program Attended:**

**SOMAction Movement Therapy Training** **Graduation Year**  
(Martha Eddy Director) \_\_\_\_\_ Year \_\_\_\_\_

**Institute for Integrative Bodywork and Movement Therapy**  
(Linda Hartley Director) \_\_\_\_\_ Year \_\_\_\_\_

**Green River Dance for Global Somatics**  
(Suzanne River Director) \_\_\_\_\_ Year \_\_\_\_\_

**Center for BodyMindMovement**  
(Mark Taylor Director) \_\_\_\_\_ 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: \_\_\_\_\_

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**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: (<http://www.bmcassociation.org/EthicsStandards/#Standards>).

\_\_\_\_\_(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 [operations@bmcassociation.org](mailto:operations@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.

\_\_\_\_\_ Please send a copy of the Service Mark Guidelines and the Sublicense Agreement through the mail.

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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.)**

| <b><u>Membership Level</u></b>                           | <b><u>One Year</u></b> | <b><u>Three Years</u></b> |
|--|------------------------|---------------------------|
| BMCA Professional Membership*                            | \$175 USD / €168       | \$499 USD / €479          |
| BMCA Professional Membership* w/New Grad Discount Year 1 | \$131.25 USD / €125.75 |                           |
| BMCA Professional Membership* w/New Grad Discount Year 2 | \$148.75 UDS / €142.55 |                           |
| ISMETA Discount for Professional Members                 | -\$15 / -€14           | -\$45 / -€42              |
| French / German Org Professional Members Discount        | -\$15 / -€14           | -\$45 / -€42              |
| BMCA Associate Membership**                              | \$65 USD / €63         | \$182 USD / €175          |
| BMCA Student *** or Friend                               | \$50 USD / €48         | \$140 USD / €131          |
| BMCA Allied Member ****                                  | \$85 USD / €82         | \$237 USD / €227          |
| Library or Institution                                   | \$100 USD / €96        | \$279 USD / €268          |

- \* 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
- \*\*\*\* Certified graduate of a BMC Allied Program – see list above

**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: [operations@bmcassociation.org](mailto:operations@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: [operations@bmcassociation.org](mailto:operations@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/€13 on professional membership fees** ( \_\_\_\_\_ )

3. **Do you wish to make a tax-deductible Contribution to BMCA? (Thank you!)** \_\_\_\_\_

4. **TOTAL:** \_\_\_\_\_

**Payment Options:**

- Euros (see wiring instructions below)
- Credit Card (in U.S. funds)
- Check or Money Order (in U.S. funds)

**Paying by Euros:**

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

Direct Deposit Euros to:  
 Hypo Vereinsbank Ingolstadt  
 Account Name/Kontoinhaber: The Body-Mind Centering Association, Inc.  
 Account No./Kontonummer: 351404140  
 Routing No./Bankleitzahl: 721 20078  
 IBAN: DE41 7212 0078 03514041 40  
 SWIFT(BIC): HYVEDEMM426

**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 may also be left on BMCA's telephone voicemail at (413) 594-1273. This information will be deleted after it is picked up by BMCA. Credit card information is not stored by BMCA. All numbers are destroyed after they have been processed.

**Paying by Check 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 710**  
**South Hadley, MA 01075**  
**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 [operations@bmcassociation.org](mailto:operations@bmcassociation.org). You can also leave a message on the BMCA message line at (413) 594-1273.