

**Neural Pathway Restructuring™ Association**  
Changing your past to create your future

**Association Application**

**Member Information** *Print Clearly*

|                                    |             |   |
|------------------------------------|-------------|---|
| First Name                         | Last Name   | Scope of Practice <input type="checkbox"/> Bus <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Education |             |   |
| Address                            |             | City  |
| State                              | Postal Code | Email   |
| Country                            | Phone ( )   | Fax ( )   |
| Name on your Certificate:          |             |   |

*(Please print your name exactly as you want it to appear on your certificate)*

**Verification of Eligibility** *Answer All Questions*

Please provide the information requested. We cannot process your application unless all of the information is completed and the Certificate Number is verified.

1. I am requesting membership in the Neural Pathway Restructuring™ Association as:

Associate Practitioner USD \$45.00  Trainer USD \$65.00

2. I have **attended and successfully completed** the Associate Practitioner Level training in Neural Pathway Restructuring on

\_\_\_\_\_ (date)

**Verification**

Certificate Number \_\_\_\_\_ Date of Issue \_\_\_\_\_

**Payment Authorization** *Provide All Necessary Information*

By my signature below, I authorize payment for membership fees. I understand that if I reside outside of the United States, there is an additional \$5.00 foreign postage fee

My method of Payment is:  Check (U.S. Bank)  Cash (U.S. Dollars only please)  Bank Transfer  PayPal

\_\_\_\_\_  
Signature

**Membership Agreement** *Read Carefully*

By my signature below, I understand that upon acceptance as a Neural Pathway Restructuring™ Association member, all fees paid by me to the Neural Pathway Restructuring™ Association are non refundable. My signature shall also constitute verification and affirmation that I have honestly and accurately completed the information contained in this application. I understand that any false statements made on this application or subsequent renewals shall void this application, and I may be subject to termination of my membership. I understand that any unauthorized use of the trademarks or logos of the Neural Pathway Restructuring™ Association will result in immediate suspension of my membership and privileges, as well as possible legal action. I acknowledge and agree that Neural Pathway Restructuring™ is an inherently distinctive service mark and trademark and that I will not adopt or use any term that is confusingly similar to, or dilute the distinctiveness of Neural Pathway Restructuring™. I further understand that Neural Pathway Restructuring™ techniques are not intended to handle deep psychological issues nor to replace traditional psychological treatment. I further state no claims, suits, or ethics violations have been filed against me pertaining to my practice; that no license registration has ever been suspended or revoked and that no disciplinary action has been or is pending against me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date