ENNEAGRAMASSOCIATION IN THE NARRATIVETRADITION

Membership Application / Renewal

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Date of Application/Renewal _____ **ED** _____ (office use only)

Name _____

Company _____

Street _____

City _____ **State** _____ **Zip** _____

Country _____

Business Phone (_____)_____

Fax (_____)_____

Home Phone (_____)_____

Cell Phone (_____)_____

Profession _____ (40 SPACES MAX)

My website URL: _____

email address _____

EMAIL ADDRESS IS REQUIRED IN ORDER TO RECEIVE "TALK JOURNAL MONTHLY"

Type _____ **Subtype** (circle one) ***Self-preservation*** ***Social*** ***One-to-one***

Membership Eligibility (check one):

___ **Certified –** I am certified by ESNT's *Enneagram Professional Training Program (EPTP, as of* _____.

___ **Associate –** I have attended Week One and/or Week Two of ESNT's EPTP

___ **General –** I am a student of a certified Narrative Tradition teacher, who has completed a minimum of 20 hours of eclasses/workshops.

PLEASE COMPLETE THE REVERSE SIDE (OR SECOND PAGE) OF THIS APPLICATION . . .

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METHOD OF PAYMENT FOR MEMBERSHIP WITH EANT

Annual Dues - $60.00 – US dollars **$_____**

OR…SAVE $10.00 and join for two (2) years @ $110.00 **$_____**

MEMBERSHIP INCLUDES A MONTHLY ELECTRONIC VERSION OF TALK JOURNAL

EANT Scholarship Program contribution **$_____**

EANT General Fund contribution $_____

EANT Annual Conference Fund – Contribution $ _____

$_____ TOTAL

US Check payable to EANT _____ **Check Number _____** **Amount _____**

Credit Card: **Visa _____** **MasterCard _____** **Amount _____**

Name on Card _____

Card #_____

Expiration Date _____

Last 3 digits from signature space on back of card (for security/anti-fraud) _____

Billing Address (if different from page 1)

Membership is for one or two years. It begins upon receipt of your completed membership form accompanied by full payment. If your membership has not yet expired, your renewal will be added to the end of the existing membership period. Current members will be included in our online directory, which is updated bi-annually. Please remember to inform us of changes in you information as they occur. The EANT e-newsletter, TALK JOURNAL, is distributed by email to all current members at the time of publication. To eliminate breaks in services, a renewal form listing your information is mailed to you one to two months before your membership's expiration date.

Signature _____ Date _____

Please return this form along with a check or money-order made payable to EANT, or credit card information to (Foreign checks not accepted):

EANT Administrative Office
EANT | C/O Barb Allgaier | 20131 Spring Gulch Road Morrison, CO 80465

admin@enneagramassociation.org | 415 906 4000

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