



EANT

ENNEAGRAM ASSOCIATION IN THE NARRATIVE TRADITION

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 only)

E-mail Address _____

REQUIRED TO RECEIVE "TALK JOURNAL MONTHLY" ELECTRONICALLY

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

Member Status (check one):

___ **Certified:** members who have completed and passed the entire professional training. Year: _____

___ **Associate:** members who have attended at least one section of professional training.

Website _____

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

METHOD OF PAYMENT

Annual Dues – \$50.00 US Dollars \$ _____

OR...SAVE \$10.00 and join for two (2) years @ \$90.00 \$ _____
MEMBERSHIP INCLUDES A MONTHLY ELECTRONIC VERSION OF TALK JOURNAL

EANT Scholarship Fund contribution \$ _____

EANT General Fund contribution \$ _____

\$ _____ **TOTAL**

Check payable to EANT _____ Check Number _____ Amount _____

Credit Card: Visa _____ MasterCard _____ Amount _____

Name on Card _____

Expiration Date _____

Card Number _____

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

Name/Address if different from application:

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 on-line directory which is updated periodically. Please remember to inform us of changes in you information as they occur. The EANT journal, TALK, is distributed by e-mail to all current members at the time of publication. To eliminate breaks in services, renewals listing your information are mailed 1 - 2 months before your expiration date.

Signature _____ Date _____

*Please return this form along with a check made payable to EANT, cash, money order, or credit card payment information to:***EANT Administrative Office**

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978-887-9590

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