



**ASSOCIATION OF ENNEAGRAM TEACHERS  
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.)

Email Address \_\_\_\_\_ (Required to receive TALK 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.

Your website \_\_\_\_\_

*This is a two-page application. Please be sure to complete the second page.*

## METHOD OF PAYMENT

Annual Dues - \$50.00 – US dollars \$ \_\_\_\_\_

**OR...SAVE \$10.00 and join for two (2) years @ \$90.00** \$ \_\_\_\_\_  
*(Membership includes an electronic version of TALK)*

AETNT Scholarship Fund Contribution \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Check payable to AETNT \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Number \_\_\_\_\_

Name/Address if different from application \_\_\_\_\_

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

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 periodically. Please remember to inform us of changes in you information as they occur. The AET Journal, "TALK," is distributed by email 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.

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Signature \_\_\_\_\_

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

**AETNT Administrative Office**

**PO Box 68**

**Topsfield, MA 01983 USA**

**aetnt@juno.com**

**978-887-9590**

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