



AET

Association of Enneagram Teachers in the Narrative Tradition

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 only.)

E-mail 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.

Website _____

... OVER ... Please complete the reverse side 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 an electronic version of TALK.)

1 year of TALK - printed version – \$27/USA, \$33/Non-USA \$ _____
(Please double subscription rate if membership is for 2 years.)

5 or more printed copies (each) - \$21/US - \$27/Non-US \$ _____

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 is added to the end of the existing membership period. All current members as of January 1 will be included in the next year's directory. Please remember to inform us of changes in you information as they occur. The AETNT journal, TALK, is distributed by e-mail to all current members at the time of publication. Printed copies are also available for an additional fee (see above). To eliminate breaks in services, renewals listing your information are mailed 1 - 2 months before your expiration date.

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