

**MAIL OR EMAIL REGISTRATION APPLICATION FORM**

Please print or complete electronically using Adobe Acrobat. Register online at [psychotronics.org](http://psychotronics.org)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
 Email \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Country \_\_\_\_\_

**► Interest Areas:**

- General
- Healing
- New Age Physics
- Radionics
- Dowsing
- Subtle Energy Research
- Other (please specify) \_\_\_\_\_

**► Select Membership Level:**

- One Year @ \$35
- 2 years @ \$60
- 3 Years @ \$85
- Full-time Student @ \$20
- Member of the Military @ \$20
- Family Membership @ \$30 Per Person

***(Up to 4 only – please complete the information below.)***

2nd: Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 3rd: Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 4th: Name: \_\_\_\_\_ Email: \_\_\_\_\_

**► Payment Information (U.S. dollars only):**

**Total amount enclosed or paid online:** \$ \_\_\_\_\_

- Pay by Check or Money Order (check or money order number): \_\_\_\_\_
- Send payment via PayPal to: [USPsychotronics@Yahoo.com](mailto:USPsychotronics@Yahoo.com)
- Pay here using credit card (complete info below):

Credit Card Number: --- CV Code:  Exp. Date:  / 20

Name on Card \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**► Submission Information:**

**Complete form and send as an email attachment to:** [membership@psychotronics.org](mailto:membership@psychotronics.org)

**Or print and mail to:** USPA – 525 Juanita Vista, Crystal Lake, IL 60014