

MAIL OR EMAIL REGISTRATION APPLICATION FORM

Please print or complete electronically using Adobe Acrobat. Register online at 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 – 3 years @ \$90
 – 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
 – 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

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