



PSS MEMBERSHIP SIGNUP

To join PSS, fill out this form completely
and return it with payment to:

**Phoenix Rising Center, PO Box 200, Bristol, VT 05443
Attention: PSS Membership**

**Or join online at:
<http://www.pryt.com/pss/pss.html>**

Your Name _____

Street Address or PO Box _____

City/State/ZIP _____

Country _____

Phone _____

Email _____

Website (if any) _____

For Practitioner Directory Website Listing: (fill in this section only if information is different than above)

Name _____
(include degree-designating letters if desired; eg. MSW, RYT, etc.)

City/State/Country _____

Phone _____

Email _____

Payment Information

Check Enclosed **\$45.00** payable to Phoenix Rising Yoga Therapy

Bill my Credit Card MasterCard Visa American Express

Credit Card Number _____

Exp. Date _____ (mm/year)

Verification Number _____ (the 3-digit number on the signature strip on the back of MC or VISA,
or the 4-digit number on the front of AMEX).

Comments/Questions

Please use the back of this page for comments, questions, etc. Be sure to include a phone number where you can be reached to discuss your membership if it is different than the one above.