



United States Psychotronics Association Membership Application

Please print the page, and complete the following information: Date _____

Name _____

Email _____

Mailing Address: _____

City _____ St _____ Zip Code _____

County _____ Country _____

Phone _____ Cell Phone _____

I am interested in the following Fields:

General Healing New Age Physics Radionics
 Dowsing Subtle Energy Research Other Interests (Please specify) _____

Do you want to be listed in the USPA Membership Directory? Yes No

Type of Membership desired:

One Year @ \$35 2 Years @ \$60 3Years @ \$85

Full Time Student @\$20

Member of the Military @\$20

Family Member Membership @\$30 per Person

2nd Family Member _____ Email _____

3rd Family Member _____ Email _____

4th Family Member _____ Email _____

Fees Payable to USPA in U.S. Dollars only:

Amount Enclosed: \$ _____ Check or Money Order Number _____

Send via PayPal to uspsychotronics@yahoo.com

Receive a PayPal Bill (Your PayPal email) _____

Visa or Master Card # _____ -- _____ -- _____ Exp. Date _____ CVC Code _____

Name on Card _____ Signature _____

Billing Address _____

If you wish to register online, you may go to <https://uspsychotronics.configio.com>

Please complete, scan and email document to Membership@psychotronics.org
Or Mail to USPA c/o Phyllis Weiland, 535 Michigan Ave, Apt. G Evanston, IL 60202

Thank You!