

# United States Psychotronics Association Membership Application

Please fill in your information; print the page; and send to the  
USPA Membership Secretary at the address at the bottom of this page.

Name:

Date:

Mailing Address:

City:

State:

Zip:

Country:

Phone:

Email address:

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:

Single @ \$35 per year

Full Time Student @ \$20 per year.

Military @ \$20 per year

Family @ \$30 per person, (max 4 people) # members      x \$30 =

Additional Names

**Fees are payable to USPA in U.S. funds only.**

Amount Enclosed:

by: Check or Money Order #:

Please bill my credit card as follows:

Visa or MasterCard #:

Exp. Date:

3 Digit Code:

Signature

Please send to the USPA Membership Secretary:

Gail Ruggles

2088 Maple Ridge Road

Newark, VT 05871-9875

Phone: 802-535-5173 or

Email: [gruggles@numiamedical.com](mailto:gruggles@numiamedical.com)

*Thank You!*