

# IEBWA (NON-IEBWA SCHOOL) EQUINE BODYWORK CERTIFIED APPLICATION NEW MEMBERSHIP APPLICATION



## Membership Director

Nancy Cristillo  
22 Packet Road  
Rancho Palos Verdes, CA 90275  
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www.iebwa.com  
310-502-1250

### AFFILIATE APPLICANT INFORMATION: FOR NON- IEBWA RECOGNIZED SCHOOLS ONLY

Name:

Date of birth:

E-mail

Phone:

Current address:

City:

State:

ZIP Code:

### CERTIFICATION INFORMATION: COMPLETE ALL THAT APPLY

Equine Massage School and Year of Certification (min. 300+ hour program):

Canine Massage School and Year of Certification ((min. 300+ hour program):

Phone, email and website of non IEBWA School:

Phone, email and website of non IEBWA School:

**Please provide the outline of course and course hours with this application.**

### INSURANCE: REQUIRED TO JOIN

ABMP: (\$175 due)

**Please allow our membership director to submit insurance information for new applications or those who have not held insurance through ABMP**

ABMP Membership number if you are already an ABMP member (no insurance payment needed here then):

If applying for ABMP Insurance concurrently with AFFILIATE IEBWA membership please check here:

If you have another insurance carrier please list here:

Phone:

Other Insurance Carrier:

Phone:

City:

State:

ZIP Code:

Coverage other than ABMP (must be 2M general and professional liability per occurrence): **include proof of insurance with application**

### NEW EQUINE AFFILIATE MEMBERS ONLY AFFILIATE EQUINE MEMBERSHIP (NO CANINE OR STUDENT MEMBERSHIP)

Circle those that apply please

Annual Membership: January 1 through December 31	Affiliate	\$80
Prorated Membership: April 1-December 31	Affiliate	\$60
Prorated Membership: July 1-December 31	Affiliate	\$40
Prorated Membership: October 1-December 31	Affiliate	\$20

**Please include a copy of your certificate with this application**

### PAYMENT TOTALS

Membership fee:

Insurance Coverage (\$175):

TOTAL AMOUNT:

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**PAYMENT INFORMATION**

Circle one:    MASTERCARD                                  VISA                                  CHECK                                  MONEY ORDER

*If paying with credit card, please fill out the details below*

Total Amount:

Name as it appears on card:

CC#:

Street Address:

Expiration Date:

City:

State:

ZIP Code:

CCV on back of card:

Signature of CC Holder:

Date:

**SIGNATURES**

I authorize the verification of the information provided on this form is correct.

Signature of applicant:

Date:

**Check list for application:**

- Signed check or credit card details provided in full.
- Members not utilizing the IEBWA insurance plan only: Proof of comparable insurance plan
- New Affiliate Members Only (non IEBWA School): Copy of animal massage certificate must be provided. In addition we need the instructor's name and the instructor on site contact hours. The course must be a minimum of 300+ hours with testing after case studies.