

Society for Light Treatment and Biological Rhythms



2007 Membership Invoice

Please complete this form and return it with your check or money order to SLTBR, 4648 Main Street, Chincoteague VA 23336. You may contact us with questions or comments at sltbrinfo@aol.com or visit our website at www.sltbr.org. **Dues for regular and associate members include a subscription to *Chronobiology International*, available in print and online. For members who already subscribe to CI, please submit verification of your subscription; you will then be charged only \$75 for dues. The student rate is for the online version only.**

Dues Categories

See membership descriptions for explanations.

- Regular \$163
- Associate \$163
- Student \$ 60
- Corresponding \$ 0
- Corporate \$700
- Retired \$118

Journal of Biological Rhythms

- U.S. \$ 65
- Canada \$ 94
- International \$ 89

Payment Summary

Dues \$ _____

Journal \$ _____

Total Due \$ _____

- Check (US Currency)
- Visa
- MasterCard

A surcharge is added to credit card payments to cover processing charges.

Card# _____

ExpDate _____

Name on Card _____

Signature _____

Contributions to SLTBR are deductible as charitable contributions for federal income tax purposes. Return this form with your payment. Please make check in US Currency payable to SLTBR, 4648 Main Street Chincoteague, VA 23336 USA.

Membership Category Descriptions

Regular Members are professionals with advanced degrees or equivalent who are actively working in the field of light treatment or biological rhythms, as evidenced by clinical work, research or publications in peer-reviewed journals.

Associate Members are persons interested in light treatment and biological rhythms.

Corresponding Members are research colleagues working in countries from which dues cannot be transferred in US funds to our membership offices.

Retired Members are members who have officially retired from a full-time academic position.

Corporate Members are manufacturers and distributors of light treatment apparatuses and ancillary equipment, publishers of books and journals on relevant themes, light therapy clinics, etc

SLTBR, 4648 Main Street, Chincoteague, VA USA 23336
(415) 418-4550 • FAX (757) 336-5777 • email: sltbrinfo@aol.com

Please complete this form to update your SLTBR directory listing and mailing address. Please print or type.

Name _____
First MI Last Degree (PhD, MD, RN)

Title _____
(e.g. Professor of Psychiatry, Chair of Department...)

Affiliation _____

Address _____

City _____ State _____ Postal/Zip _____ Country _____

Office Phone _____ Fax _____

Email _____

1. Highest Degree (check one)
Associate _____ MD _____ DC _____
BA/BS _____ PhD _____ DDS _____
MA _____ MD/PhD _____ DO _____
Other _____

3. Do you wish to be included on the Public Information Packet Clinical Referral List? (To be listed as a Practitioner, you must be licensed.)
Yes _____ No _____

2. From what institution did you receive your highest degree?

Practice license no. _____
State/Province _____

4. Check up to 5 specialty areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Addiction | <input type="checkbox"/> 21. Health Psychology | <input type="checkbox"/> 41. Pineal Function |
| <input type="checkbox"/> 2. Allergies | <input type="checkbox"/> 22. Hypnosis | <input type="checkbox"/> 42. PTSD |
| <input type="checkbox"/> 3. Anesthesiology | <input type="checkbox"/> 23. Immunology | <input type="checkbox"/> 43. PMS |
| <input type="checkbox"/> 4. Anxiety Disorders | <input type="checkbox"/> 24. Instrumentation | <input type="checkbox"/> 44. Psychoanalysis |
| <input type="checkbox"/> 5. Attention Deficit Disorder | <input type="checkbox"/> 25. Internal Medicine | <input type="checkbox"/> 45. Psychobiology |
| <input type="checkbox"/> 6. Behavioral Medicine | <input type="checkbox"/> 26. Jet Lag | <input type="checkbox"/> 46. Psychopharmacology |
| <input type="checkbox"/> 7. Biological Rhythms | <input type="checkbox"/> 27. Light | <input type="checkbox"/> 47. Psychophysiology |
| <input type="checkbox"/> 8. Biophysics | <input type="checkbox"/> 28. Medical Geography | <input type="checkbox"/> 48. Psychosomatic |
| <input type="checkbox"/> 9. Counseling | <input type="checkbox"/> 29. Melatonin | <input type="checkbox"/> 49. Psychiatry |
| <input type="checkbox"/> 10. Dreams | <input type="checkbox"/> 30. Menstrual Cycles | <input type="checkbox"/> 50. Psychology |
| <input type="checkbox"/> 11. Eating Disorders | <input type="checkbox"/> 31. Mood Disorders | <input type="checkbox"/> 51. Pulmonary Medicine |
| <input type="checkbox"/> 12. Emergency Medicine | <input type="checkbox"/> 32. Neurology | <input type="checkbox"/> 52. Reproduction |
| <input type="checkbox"/> 13. Endocrinology | <input type="checkbox"/> 33. Neuroscience | <input type="checkbox"/> 53. Seasonal Affective Disorder (SAD) |
| <input type="checkbox"/> 14. Engineering | <input type="checkbox"/> 34. Nursing | <input type="checkbox"/> 54. Sexual Abuse |
| <input type="checkbox"/> 15. Environmental Issues | <input type="checkbox"/> 35. Obesity | <input type="checkbox"/> 55. Shift Work |
| <input type="checkbox"/> 16. Equipment Sales | <input type="checkbox"/> 36. Ophthalmology | <input type="checkbox"/> 56. Sleep Disorder |
| <input type="checkbox"/> 17. Family Practice | <input type="checkbox"/> 37. Optometry | <input type="checkbox"/> 57. Stress |
| <input type="checkbox"/> 18. Forensic Psychiatry | <input type="checkbox"/> 38. Pain | <input type="checkbox"/> 58. Other |
| <input type="checkbox"/> 19. Geriatrics | <input type="checkbox"/> 39. Pediatrics | |
| <input type="checkbox"/> 20. Health Enhancement | <input type="checkbox"/> 40. Physical Med/Rehab | |

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