



International Foundation of Bio-Magnetics
 a nonprofit, tax-exempt educational foundation
 5634 East Pima Street • Tucson • Arizona • 85712
 (520) 323-7951 • (888) GREET-1-2 • JustTouch.com

Recipient Information

Name: _____ Date: _____
 (please print)

Address: _____
 street city, state zip

Phone: (____) _____ Email: _____

What health conditions would you like addressed?

Please list or describe them here:

How did you hear about Bio-Touch?

Where did you find our phone #?
 (if different from above)

Consent: My signature has not been demanded of me but acknowledges that I have read the Program Orientation and understand its contents. My signature also acknowledges that I have disclosed the above conditions about myself and have willingly and voluntarily asked IFBM volunteers to apply BIO-TOUCH™ to address the conditions listed above and any others that I may bring to their attention during the course of this and future sessions.

 signature or initials of Recipient or Guardian

Confidentiality: The signature of an IFBM Certified Practitioner acknowledges that all IFBM volunteers have agreed to treat all of your personal records as strictly confidential, unless release of them is requested by you.

 signature of Certified Practitioner

Do you wish to become a Member? (If yes, how paid?) _____
 See Member Benefits page for information and description of benefits.

New Members: Do you prefer your newsletter by: (check one) email post

IFBM does not sell or otherwise share its Membership List with anyone, ever, at all!

Staff use only:

CP: _____
 Membership paid Ca, Ck, Credit

Treasurer: _____
 date/initials

Membership: _____
 date/initials