



The Psychotherapy Institute

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APPLICATION FOR NEW MEMBERSHIP

Dr. Mr. Ms.

Name (exactly as you would like it to appear in the TPI Membership Directory)

Home Address (Use this as my mailing address.)

City/State

Zip Code

Primary Office Address (Use this as my mailing address.)

City/State

Zip Code

(_____) _____
Primary Office Phone

(_____) _____
Home Phone

Email Address¹

How did you hear about The Psychotherapy Institute?

If you were referred by someone, please give his or her name.

Education: School

Degree(s)

Major

Graduation Date

Type of License

License Number

Expiration Date

Date First Licensed

Include the following contact information in my Directory entry: If none selected, no contact info will be included in your entry.

1. **Address:** Office or Home

2. **Phone:** Office or Home

3. **Email Address**²

TPI Directory Narrative: Professional Activities/Affiliations/Specialties, etc:

(limited to 3 lines of no more than 50 characters each, including spaces)

Please circle any committee(s) you are interested in learning about: Building & Grounds; Case Conference; Clinical Services; Curriculum; Development; Diversity; Education; Group Therapy Training Program; Making Connections; Membership; Public Information (*Vienpoint*); Supervision Study Program; Supervisors.

I hereby apply for membership in The Psychotherapy Institute.

Signature

Date

I am enclosing a check payable to The Psychotherapy Institute (or TPI) for: ²

_____ \$37.50, initial new member rate for licensed clinicians (1/1/10 - 6/30/10)

_____ \$30.00, student/intern rate (1/1/10 - 6/30/10)

¹ We do not sell our email list.

² We have moved our membership renewal year to correspond with our fiscal year. You will be sent a renewal request in June, 2010 for a full year membership.