

The Psychotherapy Institute

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MEMBERSHIP RENEWAL FORM

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 _____

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)

(My directory narrative has not changed)

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 renew my membership in The Psychotherapy Institute

Signature _____ Date _____

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

_____ \$50.00, regular member renewal for licensed clinicians (1/1/10 - 6/30/10)

_____ \$42.50, membership renewal for clinicians licensed less than three years (1/1/10 - 6/30/10)

_____ \$30.00, membership renewal for students/interns (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.