



# 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 Address<sup>1</sup>

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**

**TPI Directory Narrative: Professional Activities/Affiliations/Specialities, 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: <sup>2</sup>

\_\_\_\_\_ \$75.00, initial new member rate for licensed clinicians

\_\_\_\_\_ \$60.00, student/intern rate

<sup>1</sup> We do not sell our email list.

<sup>2</sup> Membership good through 6/30/12