



# The Psychotherapy INSTITUTE

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## MEMBERSHIP RENEWAL FORM

Dr.  Mr.  Ms. \_\_\_\_\_  
Name and Degree(s)/License(s) (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 \_\_\_\_\_

My office is wheelchair accessible:  Yes  No

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Primary Office Phone Home Phone Email Address (We do not sell our email list.)

Professional Website Address \_\_\_\_\_

I speak the following language(s) other than English: \_\_\_\_\_

I am part of the following insurance networks: \_\_\_\_\_

**Include the following contact information in my Directory entry: (If none selected, no contact info will be included)**

1. **Address:**  Office or  Home      2. **Phone:**  Office or  Home      3.  **Email Address**

TPI Directory Narrative: Professional Activities/Affiliations/Specialties, etc: (limited to 180 characters, including spaces)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please circle up to six categories of specialization you would like to be listed under in the next Membership Directory:**  
ADD/ADHD, Addictions: Chemical Dependency, Addictions: Sexual, Addictions: Other, Adolescents, Adoption, Aging, Anger Management, Anxiety Disorders/Phobias, Career Assessment and Guidance, Children, Cognitive Therapy, Consultation, Couples, Creativity, Depression, Depth Psychotherapy, Dialectic Behavior Therapy, Disabilities, Dissociative Disorders, Divorce/Mediation, Eating Disorders, EMDR, Expressive Arts Therapies, Family Therapy, Forensic Work, Gay/Lesbian/Bisexual/Transgender, Grief and Loss, Group Therapy, Human Sexuality, Hypnosis, Illness/Pain/Surgery, Infertility Issues, Learning Disabilities, Life Transitions, MediCal, Men's Issues, Midlife Issues, Multicultural Issues, Parenting/Stepparenting Issues, Personality Disorders, Psychosis, Sandtray/Sandplay, Sex Offenders, Somatic Therapy, Spiritual Issues, Supervision/Consultation, Trauma, Women's Issues

I hereby renew my annual membership in The Psychotherapy Institute.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am enclosing a check payable to The Psychotherapy Institute (or TPI) for: <sup>1</sup>

- \_\_\_\_\_ \$120.00, full member renewal rate for licensed clinicians
- \_\_\_\_\_ \$95.00, new licensee renewal rate (for members licensed less than three years at time of renewal)
- \_\_\_\_\_ \$65.00, unlicensed student/intern renewal rate
- \_\_\_\_\_ \$60.00-\$120.00 sliding scale, retired member rate

<sup>1</sup> Membership good through June 30.