



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

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:

1. Address: Office or Home

2. Phone: Office or Home

3. Email Address

If none selected, no contact info will be included in your entry.

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 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 membership in The Psychotherapy Institute.

Signature

Date

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

_____ \$130.00, full member renewal rate for licensed clinicians

_____ \$105.00, member renewal rate for those licensed less than three years

_____ \$70.00, member renewal rate for prelicensed students/interns

_____ \$70.00-\$130.00 sliding scale, retired member rate

_____ \$5,000 Lifetime Membership

¹ Membership good through June 30.