



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 (We do not sell our email list.)

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/Specialties, etc:

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

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: ¹

_____ \$80.00, initial new member rate for licensed clinicians

_____ \$120.00, membership reinstatement rate for former TPI members

_____ \$60.00, unlicensed student/intern rate

¹ Membership good through June 30.