



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 (Viewpoint); 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

- _____ \$90.00, initial new member rate for licensed clinicians
- _____ \$85.00, initial new member rate for those licensed less than three years
- _____ \$65.00, initial new member rate for prelicensed students/interns
- _____ \$130.00, membership reinstatement rate for former TPI members
- _____ \$5,000.00, lifetime membership

¹ Membership good through June 30.