

EASTERN GROUP PSYCHOTHERAPY SOCIETY, INC.

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www.egps.org

MEMBERSHIP APPLICATION

Select category of EGPS membership applying for:

- Clinical Member (available to AGPA Clinical members only)
 Associate Member
 New Professional
 Student Member

AGPA members please indicate your current AGPA category:

- Clinical Member
 Associate Clinical Member
 Adjunct Member
 Student/Resident Member
 New Professional Member
 Academic Member
 Fellow

Member - \$135.00
New Professional Member (less than 3 yrs out of graduate school) - \$80
Student Member - \$55.00
(Payment must be submitted with application.)

Referred by: _____

How did you hear about EGPS: _____

GENERAL INFORMATION:

PLEASE PRINT CLEARLY

Name and Degrees: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Office Fax: _____ Home Fax: _____

E-Mail (Please print very clearly): _____

Preferred for Mailings (please check one): _____ Office Address _____ Home Address

PROFESSIONAL DISCIPLINE:

____ Psychiatrist ____ Social Worker ____ Drug & Alcohol Addictions Counselor

____ Psychologist ____ Pastoral Counselor ____ Mental Health Counselor

____ Psychiatric Nurse ____ Creative Arts Therapist ____ Marriage & Family Therapist

____ Other _____

AGPA MEMBERS DO NOT NEED TO COMPLETE THE INFORMATION BELOW - PROCEED TO ** AND THEN SIGN & DATE APPLICATION

Non-AGPA members MUST complete the following information:

Professional Education:

Name of University	Dates Attended	Degree & Year Granted	Major, including clinical focus
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience in Group Psychotherapy: _____

IMPORTANT:

Associate membership: Applicants for Associate Membership should submit a copy of your license(s) and/or professional certification. To be included in the EGPS Referral Service, On-line Directory, and Specialty List, please also include the cover page of your current malpractice insurance.

Student Membership: Students need to submit proof of enrollment and expected date of graduation.

****AGPA members:** If you want to be included in the EGPS Referral Service, On-line Directory, and Specialty List, you need to include a copy of your license(s) and/or professional certification and the cover page of your current malpractice insurance.

Applicant's Signature _____
Date
Application must be signed in order to complete processing

Please write legibly. Dues payment is required with application. Allow 6-8 weeks for processing. Once your application is approved, you will be sent materials to list yourself (and your groups, if applicable) in the EGPS On-Line Directory of Members and Groups.

***Send completed application along with Dues payment to:
EGPS, P.O. Box 20686, Huntington Station, NY 11746***

Applicants providing credit card information can fax the application to: 631 385-3123

Credit Card # _____ Expiration Date: _____

Credit Card billing information: Name & Address: _____
