



# Eastern Group Psychotherapy Society

631 385-0763 ♦ FAX 631 385-3123 ♦ [egps@optonline.net](mailto:egps@optonline.net) ♦ [www.egps.org](http://www.egps.org)

## MEMBERSHIP DUES INVOICE

June 2011 – May 2012

*Please review the information below and make any corrections/additions necessary.*

Name and address:

**(It is VERY IMPORTANT that we have a current email address for you. Please provide)**

**Email:**

**Membership Renewal**.....\$135.00

**Students** (proof of enrollment in a graduate program must be submitted with payment\*).....\$55.00

**New Professionals** (within 2 years of graduation; proof of graduation date must be submitted with payment\*).....\$80.00

**Retired Members** (those no longer in practice, but who wish to maintain a connection with the EGPS community; please submit full payment if able).....\$80.00

*To request a reduced fee due to hardship, please call the EGPS office at 631 385-0763.*

**Voluntary Contributions (any contribution is greatly appreciated!):**

I would like to make a voluntary contribution to EGPS:

Please indicate how you would like your contribution used:

- General Fund (Operating Expenses)
- J. Dustin Nichols Scholarship Fund (supports scholarships for attendance to the EGPS Training Program)
- Fund for Special Projects (to complete the purchase of audio equipment for the organization's educational programs)

**TOTAL PAYMENT ENCLOSED**.....\$ \_\_\_\_\_

Check enclosed made payable to EGPS

Please charge my credit card:

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

If credit card billing address is different from above address, please provide, **including zip code**:

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

\*If supporting documentation is not provided, you will be billed for the additional amount.

**YOU MUST INCLUDE A COPY OF YOUR CURRENT LICENSE AND MALPRACTICE INSURANCE IN ORDER TO BE PART OF THE EGPS REFERRAL SERVICE AND HAVE YOUR GROUPS LISTED IN THE EGPS GROUP DIRECTORY**

**RETURN THIS INVOICE WITH PAYMENT TO:**

**EGPS, P.O. Box 20686, Huntington Station, NY 11746-0861**

**Or you can fax this completed form with credit card info to 631 385-3123.**