

PHILADELPHIA AREA GROUP PSYCHOTHERAPY SOCIETY

2017 MEMBERSHIP FORM

<p style="text-align: center;"><u>TO SUBMIT COMPLETED MEMBERSHIP FORMS</u></p> <p style="text-align: center;">Email to pagpsgroup@gmail.com</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Mail to Elsa R. Efran, PAGPS Administrator, 310 E. Gowen Ave., Philadelphia, PA 19119-1022.</p>	<p style="text-align: center;"><u>TO PAY PAGPS DUES</u></p> <p style="text-align: center;">Pay online at www.pagps.org/membership.htm</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Mail a check made payable to PAGPS to Elsa R. Efran, PAGPS Administrator, 310 E. Gowen Ave., Philadelphia, PA 19119-1022.</p>
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Please print clearly.

Name _____ Degree _____

Mailing address _____ City _____ State _____ Zip _____

Phone _____ Website _____

E-mail (please print e-mail address **clearly**) _____

VERY IMPORTANT!

PAGPS is trying to go as **paperless** as possible for both financial and environmental reasons. Please help us by indicating your preferences for program notices, membership information, etc. If you indicate e-mail only, please be sure to add pagpsgroup@gmail.com to your safe-sender list:

e-mail only

 e-mail & regular mail

 regular mail only

If you are a member of the American Group Psychotherapy Association, please indicate your AGPA membership status:

- Fellow
 Clinical
 Associate Clinical
 Research
 Adjunct
 New Professional
 Academic
 Student/Resident
 Certified Group Psychotherapist (CGP)

Field: Psychiatry
 Psychology
 Social Work
 Counseling
 Other _____

PAGPS Dues Paid:

_____ **Full member (\$75)**—**Please note: You must be a member of AGPA above the Student level to be a Full member of PAGPS.**

_____ **Affiliate member (\$60)**—Open to professionals who are actively engaged in group work but who are **not** members of AGPA. **Please note: If you are a member of AGPA above the Student level, you must join PAGPS as a Full member.**

_____ **Student, recent graduate, or retiree (\$25)**—Available for **full-time** students, residents, interns (please enclose photocopy of proof of full-time student status); recent graduates (one year post-graduation); or **retired professionals.**

_____ **Student—first year free!** Available for **full-time** students, residents, interns (please enclose photocopy of proof of **full-time** student status)

FOR NEW MEMBERS ONLY:

Please attach your resume/CV or a page listing your academic background, including names of institutions, degrees, and certifications, as well as your group psychotherapy training and experience (summary of training and experience, clinical or theoretical, including number of supervised hours of clinical experience).

Signature of applicant _____

For office use only: Application received _____ Approved _____ Amount _____