



**Carolinas Group Psychotherapy Society
Member Application & Renewal Form**

Name _____ Degree, Credentials, Occupation _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

Telephone (home or cell) _____ (work) _____

Have you taken the 12 hour core course? Yes/No _____ Place _____ Year _____

American Group Psychotherapy Association Membership Category _____

National Registry of Certified Group Psychotherapists Certificate Number _____

Provide information below about the group/groups you are leading that you would like to be included in the Carolinas Group Listing, published on our website at www.CarolinasGPS.org (copy this page or use the back if you are leading more than one group you wish to be published):

Therapist(s)/Leader(s) and credentials _____

Group Location (City/State) _____

Phone Number Contact for Information _____

Frequency of Meetings _____

Day _____ Time _____

Category/Type of Group Women's Men's Mixed Gender Training Specialty

If a Training or Specialty Group, provide Group Title _____

Signature _____ Date ____/____/____

Pay CGPS Membership dues of \$75 or \$25 for Student Membership - mail with payment to:

**CGPS Membership Chair
1020 Southhill Drive, Suite 380
Cary, NC 27513**