



NSGP

Northeastern Society for Group Psychotherapy

Membership Application

Please Attach
Check For
Membership
Dues Here



Application for (check one)

- Clinical Member Affiliate Member
- Associate Clinical Member Student Member

For a description of the member categories please see <http://www.nsgp.com/membersh.htm>.

Are you a member of A.G.P.A.?

- No
- I am currently a Clinical Member or Associate Clinical Member
- I have applied to become a Clinical Member or Associate Clinical Member

Date _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Business Address _____

City _____ State _____ Zip _____

Present Employment _____

Home Telephone _____ Business Telephone _____

Fax# _____ Email address _____

Please send mail to my home address or business address (check one)

Professional Education

| Institution | Dates attended | Degree/year granted | Major/clinical focus |
|-------------|----------------|---------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Professional experience in group psychotherapy:

Give names and addresses of two people in the mental health or related professions who know you:

RETURN this application (with check made out to NSGP) to: Membership Committee Chairperson
Please write separate check for membership application. Northeastern Society for Group Psychotherapy
 P.O. Box 356
 Belmont, MA 02478

Dues payment required with application. Dues amounts for one year are: Clinical Member \$130; Associate Clinical Member \$125; Affiliate Member \$110; and Student Member \$25.

The Northeastern Society for Group Psychotherapy, Inc. is a regional affiliate of the American Group Psychotherapy Association.
NSGP • P.O. Box 356 • Belmont, Massachusetts 02478-0003 • (617) 484-4994 • www.nsgp.com

