

**HOUSTON GROUP PSYCHOTHERAPY SOCIETY**  
**DUES RENEWAL & ONLINE DIRECTORY INFORMATION**

Return form, with dues to PO Box 22866, Houston TX 77227.

Clinical, Affiliate, Honorary, Friends: \$75.00, \$85 after September 1

Student: \$20.00, \$30 after September 1

Would you like to include a \$10 donation to HGPS Scholarship Fund? Yes \_\_\_ No \_\_\_

MasterCard/Visa #: \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_

Zip Code Associated with the credit card \_\_\_\_\_ CVC \_\_\_\_\_

Signature: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: (dues + scholarship) \$ \_\_\_\_\_

Zip Code Associated with the credit card \_\_\_\_\_

LICENSE NUMBER(S) \_\_\_\_\_

**MEMBER INFORMATION:**

Please indicate if address is your \_\_\_ Office or \_\_\_ Home

Name & Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Name of Practice: \_\_\_\_\_

HGPS Membership Category: \_\_\_ Fellow \_\_\_ Clinical \_\_\_ Affiliate \_\_\_ Honorary \_\_\_ Friends \_\_\_ Student

FOREIGN LANGUAGES SPOKEN: \_\_\_\_\_

**HAVE YOU HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOUR LICENSE(S)?** \_\_\_\_\_

*If yes, please explain* \_\_\_\_\_

To better utilize your skills, please tell us your previous career, if any: \_\_\_\_\_

Which Committee(s) would you like to join:

___ Leadership Development	___ Finance	___ Development	___ Membership
___ Special Interests Group	___ Continuing Ed	___ Community Outreach	___ Publications
			___ Institute

To update your online profile, or create one, fill out a member profile update at [www.hgps.org](http://www.hgps.org).