

HOUSTON GROUP PSYCHOTHERAPY SOCIETY
DUES RENEWAL & ONLINE DIRECTORY INFORMATION

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

Clinical, Affiliate, Friends: \$85.00

Students and New Career Professionals: \$30.00

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.