



Association for Play Therapy, Inc.

2060 N. Winery Avenue, Suite 102, Fresno, CA 93703 * Phone (559) 252-2278 * Fax (559) 252-2297

MEMBERSHIP APPLICATION

1. Status (check one): New Membership Membership Renewal
2. Name: First _____ Last _____
3. Affiliation _____ Job Title _____
4. Highest mental health degree (list only one) _____ Examples: PhD, EdD, PsyD, MSW, MS, MA, MEd, etc.
5. Primary mental health credential (list only one) _____ Examples: LP, LCSW, LPC, MFT, etc. (*do not list RPT, RPT-S*)
6. Primary mental health discipline (check one, perhaps based upon primary professional association):
 Counseling Medicine / Psychiatry Psychology Other (specify): _____
 Marriage & Family Therapy Nursing Social Work
7. Primary mental health workplace (check only one, perhaps based upon primary income source):
 Private practice workplace – *privately owned practice; self-employed alone or with others*
 Non-profit workplace – *religious or other community-owned nonprofit agency or organization*
 Medical workplace – *private or public hospital or clinic*
 Public workplace – *city, county, state, or national governmental service agency or department*
 School workplace - *private or public; K-12*
 College/University workplace - *private or public; instruction, administration, research, etc.*
 Author/Presenter workplace – *research, write, or edit publications; training presenter/consultant*
 Other: _____
8. Social Security Number _____ - _____ - _____ (Confidential - used internally only for verification of identities)
9. Name of your member sponsor (if applicable) _____
10. Mailing Address _____
11. City _____ State/Province _____ Postal Code _____
12. Country _____
13. Telephone (_____) _____ Fax (_____) _____
14. Email _____
15. Member Category (check one): Professional = \$80 (individual US mental health professional)
 International = \$70 (individual non-US mental health professional)
 Affiliate = \$45 (individual full-time student, parent, or other non-mental health professional)
16. \$_____.00 APT Dues – Select dues for applicable membership category in item #15
17. \$_____.00 Branch Dues – Hawaii Branch (HAPT) dues (Affiliate = \$10.00, Professional = \$20.00)
 - Non-US members and US members not residing or practicing in a chartered branch are exempt from Branch dues.
 - US members not residing or practicing in a chartered branch may voluntarily choose to join a chartered branch.
 - US members residing or practicing in a chartered branch must include the applicable Branch Dues below (note that dues vary by branch).
18. \$_____.00 Total Dues (= APT Dues + Branch Dues if applicable)
19. Make Check or Money Order payable (only in US Dollars) to APT. If paying by Credit Card:
 - Visa _____ or MasterCard _____ Card Number _____ Expiration Date _____
 - Signature _____ Date _____