



# MEMBERSHIP APPLICATION

Please answer all questions below to ensure compilation of member demographics and receive efficient member service. Thank you.

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  Marriage & Family Therapy  Psychology  Nursing  Social Work  Other \_\_\_\_\_
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 (last 4 digits) \_\_\_\_\_ (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 – See box below for applicable US branch dues (Professional/Affiliate only)
  - 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).

AK \$15/\$5, AL \$15/\$5, AR \$15/\$5, AZ \$15/\$5, AZ South \$15/\$5, CA \$15/\$5, CO \$30/\$15, DC/MD \$15/\$5, FL \$15/\$5, GA \$15/\$5, GA South \$15/\$5, HI \$20/\$10, IA \$15/\$5, ID \$15/\$5, IL \$15/\$5, IN \$15/\$5, KS \$15/\$5, KY \$15/\$5, LA \$15/\$5, MD/DC \$15/\$5, ME \$15/\$5, MI \$15/\$5, MN \$20/\$10, MO \$15/\$5, MS \$15/\$5, NC \$15/\$5, NG (includes CT, MA, NH, RI, VT) \$15/\$5, NJ \$15/\$5, NM \$15/\$5, NV \$15/\$5, NY \$20/\$15, OH \$15/\$5, OK \$20/\$10, OR \$20/\$20, PA \$15/\$5, SC \$15/\$5, SD \$15/\$5, TN \$15/\$5, TX \$15/\$5, UT \$15/\$5, VA \$15/\$5, WA \$15/\$5, WI \$15/\$5, WV \$15/\$5, WY \$15/\$5

18. \$ \_\_\_\_\_ .00 Foundation Contribution (optional) Tax exempt support for play therapy research and promotion.
19. \$ \_\_\_\_\_ .00 Total Dues (= APT Dues + Branch Dues if applicable)
20. 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 \_\_\_\_\_