



General Membership Information

**You may use this form to pay by CHECK only
to either join SEPI or renew your SEPI membership.**

Currency: All payments will be in U.S. dollars.

ADULT MEMBER DUES \$ 59.00 US STUDENT MEMBERSHIP DUES \$29.00 US

Dues include a subscription to the SEPI journal, the *Journal of Psychotherapy Integration* which is a quarterly journal (March, June, September, and December) Your membership will also allow you to access the journal online through the APA website with no APA membership required.

Term: Our memberships are **not pro-rated depending on the month that you join. However, if you join during a calendar year you will receive all back journals for that calendar year that you join SEPI. Therefore you are now joining for the current 2012 calendar year. Jan to Dec 2012.**

If you are joining SEPI for the first time and we are in the last 2 months of the calendar year (November or December) you will be an active member for 2012 AND will be a member for the calendar year of 2012 as well. You will not receive hard copy journals until the first issue of 2013 but you will be able to access all issues of the Journal online through APA as soon as you become a member.

If you are an active member and have not renewed for this year you will be paying for 2012 year membership only and receive back issues for the Journal for 2012. You will have to renew your membership for 2013 separately.

TO PAY BY CREDIT CARD visit our website at sepiweb.org

Accepted credit cards at the website are:

American Express, Discover, Master Card and Visa

I am joining SEPI for the first time

I am renewing my SEPI membership

PERSONAL INFORMATION

FIRST NAME _____ **LAST NAME** _____

Profession or Degree (example, BA, MA, PhD, PsyD, MD, MSW etc): _____

HOMEADDRESS:

CITY _____ **STATE/PROVINCE** _____ **COUNTRY** _____

POSTAL CODE/ZIP CODE _____ TELEPHONE NUMBER
HOME _____

WORK ADDRESS:

CITY _____ STATE/PROVINCE _____ COUNTRY _____

POSTAL CODE/ZIP CODE _____ TELEPHONE NUMBER
WORK _____

PREFERRED MAILING ADDRESS FOR JOURNAL (circle) : HOME WORK

PREFERRED EMAIL ADDRESS _____

PRACTICE INFORMATION: My practice is best described as involving the following (circle what is relevant):

Populations: Adults/ Youth/ Children/Other
(describe) _____

Modalities: Individual/Couples/Family/Groups /Other
(describe) _____

Settings: Private Practice/ Group Practice/Private Clinic/Hospital/Other
(describe) _____

I WOULD LIKE TO BE IN THE ONLINE DIRECTORY OF SEPI MEMBERS (circle): YES NO
This will allow other SEPI members to have your contact and practice information from the online directory.

I WOULD LIKE TO BE PUT ON THE SEPI Announcement ListSERVE (circle): YES NO
announcements@sepiweb.org is our moderated mailing list for official announcements, if you are on this listserv it will allow you to receive information/announcements from the SEPI organization.

I WOULD LIKE TO BE PUT ON THE SEPI membership ListSERV (circle): YES NO
list@sepiweb.org this is our members' mailing list which we offer our members to get in touch with other colleagues from SEPI. This list is not moderated but is for SEPI members only. Being on this listserv allows you to receive emails and dialogue through email with other members as an online community with shared interests. To use this list, you simply send your message to the listserv's address as given above.

**MAIL THIS FORM with your CHECK made out to SEPI
TO:**

Dr. George Stricker
Argosy University, Washington DC
1550 Wilson Boulevard, Ste. 600
Arlington, VA 22209