

GTILA

THE GESTALT THERAPY INSTITUTE OF LOS ANGELES

MEMBERSHIP APPLICATION Renewal Notice & Invoice 2010

Please provide the following information as you would like it to appear in the GTILA Membership Directory. **ATT'N RENEWING MEMBERS:** Please fill out this form completely, even if there are no changes to your listing information.

Name: (First, Middle Initial, Last)

Academic Degree

Professional License

License Number

State or Country of Origin

Business Name (Clinic, Partnership, Affiliation, Inc., etc.)

Business Address

Business Telephone

Business Fax

Email

Specialization(s): (Ages, Populations, Diagnoses, etc.)

Fee Schedule: (Maximum, Minimum, Sliding)

Referring Insurance Panels (HMO, PPO, Medicare, etc.)

GTILA MEMBERSHIP CATEGORY (please check one):

- Certified Member** Dues: \$130
A licensed mental health professional who has been certified as a Gestalt therapist.
- Regular Member** Dues: \$130
A licensed mental health professional with a minimum of 150 hours of Gestalt therapy training. (New members please submit a curriculum vita outlining your past training.)
- Affiliate Member** Dues: \$130
An allied professional or unlicensed mental health professional with a minimum of 150 hours of Gestalt therapy training. (New members please submit a curriculum vita outlining your past training.)
- Corresponding Member** Dues: \$40
A mental health or affiliated professional who lives over 150 miles away from the metro LA area. Corresponding Members are entitled to a full page in the Directory and to attend salons. To attend the annual party Corresponding Members must pay the non-member fee.
- Trainee Affiliate** Dues: \$40
A student in a mental health graduate program or an individual enrolled in a Gestalt training program who has accumulated less than 150 hours of Gestalt therapy training.

If you have an Ongoing Gestalt Group that you want included in the Directory (in addition to your individual page), please provide the following information:

Type of group: _____
Leader: _____
When: _____
Where: _____
Fee: _____
Contact: _____

I would like to become more active in GTILA. I am interested in participating on the following committees:

GTILA Board Salons Events Marketing & Outreach Fund Raising

Tax deductible donation to Arnold R. Beisser M.D. Scholarship Fund:

\$25 \$50 \$75 \$100 \$250 Other _____

Membership Dues (as per category listed above) **due Nov. 1st:** \$ _____

After November 1st add \$15 late fee: \$ _____

Donation to Arnold Beisser Scholarship Fund: \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Please return this Renewal Notice by email, and mail the original application form including your check payable to GTILA to:

GTILA
PO Box 3394
Santa Monica, CA 90408-3394

Due Date: November 1, 2009 (\$15 LATE FEE after November 1st)