

MEMBERSHIP AND CREDENTIALING FORM

New Membership Membership Renewal

Please complete and return via email or snail mail to the address listed above. Please direct any questions to igpsinfo@aol.com

Membership Levels:	<i>Clinical</i>	Clinical professional who holds a CGP, or non-CGP professional with a Master's degree, Clinical license, and 300+ hours of group therapy leadership and at least 75 hours of qualified group psychotherapy supervision
	<i>Associate</i>	Professional with a Master's degree or higher in the mental health field and licensure in their respective discipline
	<i>Affiliate</i>	Individuals with experience as group therapy leaders or interested in practice and development of group psychotherapy
	<i>Student</i>	Currently in a graduate degree or residency program or post-graduate program of 1+ years in duration.
	<i>Life</i>	15+ years IGPS Clinical membership and at least 65 years of age. Life members are exempt from all dues, but will need to attest (below) in order to maintain the benefits of a Life Clinical Member as stated in the IGPS Bylaws
	<i>Retired</i>	Professional retired from practice but still wishing to participate in IGPS activities

Please check the appropriate box to indicate your selection:

<input type="checkbox"/> Clinical - \$70	Dues Payment Amount	\$ _____
<input type="checkbox"/> Associate - \$65	In addition to my membership dues, I'd like to include a contribution for:	
<input type="checkbox"/> Affiliate - \$60	Ariadne P. Beck Scholarship Fund	\$ _____
<input type="checkbox"/> Student - \$30	(supports IGPS members attending the national AGPA annual meeting)	
<input type="checkbox"/> Retiree - \$30	Hylene S. Dublin Scholarship Fund	\$ _____
<input type="checkbox"/> Life - \$0	(supports IGPS members attending IGPS conferences)	
	IGPS General Fund	\$ _____

New members joining between January 1 and June 30 will pay half the annual dues rates

Total amount paid: \$ _____

First _____ MI _____ Last _____

Affiliation / Organization _____

Street _____ Suite/Apt. No. _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Email Address _____

Birth year (for Life membership status) _____ What year did you join IGPS? _____ Today's date _____

New Members – Please provide documentation as listed below:

Clinical membership: Proof of Clinical Membership in AGPA **OR** CGP Certificate and a copy of your current license **OR** copy of highest professional degree and copy of current license and Affidavit and two Endorsements and Profile Form (forms available at www.ilgps.org or via email at info@ilgps.org)

Associate membership: Provide copy of highest professional degree and copy of current license and Profile Form

Please read and sign: I recognize that I am obligated to report to IGPS any changes in the status of my license or changes that might affect my membership.

Signature (required): _____ Date: _____

Membership Renewal – Please complete and sign below:

Membership Renewal for Clinical, Associate or Life Members only (not applicable for new members)

I hereby attest that my clinical license is current and in good standing and that I meet the qualifications for the membership level indicated above. I recognize that I am obligated to report to IGPS any changes in the status of my license or changes that might affect my membership.

License No. _____ Type: _____ State: _____

Expiration Date: _____ Signature (required): _____