

Play Therapy International South Africa

Membership Application & Renewal Form (All Categories)

The information given below is for new or renewal

of PTISA membership at the level of: _____

Your contact details:						
<i>Full name & title:</i>						
<i>Address:</i>						
Organisation (if applicable)						
Building/number/street						
City/Town						
State/County						
Postcode/Zipcode						
Country						
		Country Code	STD/Area Code	Number		
Telephones (Home)						
(Office)						
(Mobile)						
(Fax)						
Email Address						
Grade applied for: (please circle one only)	Trainee	Certified Practitioner in Therapeutic Play Skills	Full Member - Certified	Full Member - Accredited	PTI Certified Supervisor (if not already full member)	Associate Member
	R550	R800	R1000	R1200	R1000	R750

Academic Background				
	<i>Specialisation/ Course Description</i>	<i>Awarding Institution</i>	<i>Level of Award</i>	<i>Date Awarded</i>
1				
2				
3				
4				
Practice and Employment Record (if relevant):				
	<i>Brief Job Description</i>	<i>Organisation</i>	<i>No Hours Clinical Contact with Children</i>	<i>Dates</i>
Please concisely give any other information you feel is relevant to this application:				

In making this application I acknowledge that if accepted as a Member of Play Therapy International South Africa and I work therapeutically with children, I will fully comply with an ethical framework or code of ethics recognised by PTI. I further state that all statements made in this application are true.

Signature: _____ Date: _____

I enclose my annual membership fee payable to "Play Therapy International".

Please return this form together with a cheque for the appropriate membership fee and a passport style photo for your card, to:

Play Therapy International
The Coach House
Belmont Road
UCKFIELD
TN22 1BP
UNITED KINGDOM

If you have any queries please email ptiorg@aol.com