

**Applicant information:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Degree(s) \_\_\_\_\_  
 (Please check the  for the address and email that you want to have listed in our online directory and receive AGPA mailings.)

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Personal Email: \_\_\_\_\_  Work/School Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  Please specify: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 (Optional)

**Select your professional designation:**

- Psychiatrist
- Psychologist
- Social Worker
- Nurse
- Marriage and Family Therapist
- School Psychologist
- Alcoholism and Drug Abuse Counselor
- Clinical Mental Health Counselor
- Creative Arts Therapist
- Occupational Therapist
- Pastoral Counselor
- Psychoanalyst
- Group Analyst
- Resident
- Student
- Other: \_\_\_\_\_

**Select your AGPA membership:**

- Certified Group Psychotherapist (CGP)** – Complete the CGP application online <https://www.agpa.org/cgp-certification/> and with approval receive your first year of AGPA membership **FREE**.
- Professional** – A minimum of a master’s degree in a mental health field. *Please check one and provide:*
  - Clinician: license number, national membership or certification: \_\_\_\_\_
  - Academic Faculty: institution: \_\_\_\_\_
  - Researcher: (2) studies published in peer-reviewed journal(s): \_\_\_\_\_
- Adjunct** – Experience as leader or co-leader of therapeutic, educational and/or consulting groups.
- Early Career Professional** – A minimum of a master’s degree from an accredited graduate, residency or certificate-granting program within the last four years. Please indicate date of graduation (month/year) \_\_\_\_/\_\_\_\_ and institution \_\_\_\_\_
- Student** – Matriculated in an accredited graduate, residency or certificate-granting program in the mental health professions. Please indicate institution: \_\_\_\_\_

**AGPA membership year is July 1 – June 30**

Apply by:	For Professional & Adjunct Members:	For Early Career Professional Members:	For Student Members:
September 30, 2020	Regular price: \$160 Your price: \$0	Regular price: \$90 Your price: \$0	Regular price: \$70 Your price: \$0

**AUTOMATIC RENEWAL FOR JULY 1, 2021 - JUNE 30, 2022 (Required for complimentary membership; we will contact you by email before charging your credit card.)**

Charge my dues annually in June \_\_\_\_ or Monthly \_\_\_\_  Credit Card:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Email your completed application to: [membership@agpa.org](mailto:membership@agpa.org). Questions? Call Toll-Free: (877) 668-AGPA [www.agpa.org](http://www.agpa.org)**