



Membership Application

Name _____

Email _____ EXCLUDE me from Email list

Title _____ Type _____

Organization _____

Website URL _____

*Date of Birth _____ *Gender _____ *Ethnicity _____

*Optional Information – collected for demographic purposes only

Primary Contact Information

Street Address _____

City _____ State/Prov _____ Postal Code _____

Phone _____ Mobile _____ Fax _____

Alternate Contact Information

Street Address _____

City _____ State/Prov _____ Postal Code _____

Phone _____ Mobile _____ Fax _____

Mailing Preference: Primary Info Alternate Info

Include me in the APT Referral Network Directory ▶ Directory Preference: Primary Info Alternate Info

▶ Information in Directory: __Name __Title __Qual __Orgztn __WebURL __Address __Email __Phone __Fax

Area(s) of Interest

- Careers & Occupations
- Counseling & Psychotherapy
- Education
- Mgmt & Organizational Development
- Multicultural & International Issues
- Psychological Theory & Research
- Religion & Spirituality
- Healthcare

Occupation (select one)

- Allied health professional
- Alternative health practitioner
- Author
- Career counselor
- Clergy
- Clinical counselor
- Coach
- Consultant
- Educational consultant
- Executive
- Guidance counselor
- Higher education faculty
- Human resource manager
- Life coach
- Manager
- Nonclinical counselor
- Nurse
- Physician
- Professor (college)
- Psychologist
- Psychotherapist
- Religious counselor
- Research consultant or mgr
- School administrator
- Teacher
- Trainer
- Other _____

Membership Categories & Dues (select one)

- Regular member \$110 USD \$ _____
- Retiree member (include your retirement status) \$75 USD \$ _____
- Student member (include copy of student ID) \$55 USD \$ _____
- e-Chapter (must join APTi or already be APTi member) \$25 USD \$ _____

Total Amount Being Paid \$ _____

Payment Method (select one)

- Check – made payable to: **APT International**
- Credit Card – VISA Mastercard AMEX ... complete **CARDHOLDER** info below:

Card Number _____

Expiration Date (Month/Year) _____ Card Security Code (3 or 4 digits) _____

SIGNATURE _____

Print Name _____

Card Billing Addr _____

Email (for receipt) _____ Phone _____

Remit Payment with Form

Mail to: 9650 Rockville Pike, Bethesda, MD 20814-3998 USA

Fax to: 301-634-7099