



## Carolinas Group Psychotherapy Society Membership Update

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

E-mail address: \_\_\_\_\_ (fax): \_\_\_\_\_

Have you taken the 12 hour core course?  No  Yes  Place: \_\_\_\_\_ Year: \_\_\_\_\_

American Group Psychotherapy Association Membership Category: \_\_\_\_\_

National Registry of Certified Group Psychotherapists Certificate Number: \_\_\_\_\_

Information about the group you are leading for inclusion in the Carolinas Group Listing, published on our website [www.CarolinasGPS.org](http://www.CarolinasGPS.org) (copy this page or use the back if you are leading more than one):

Therapist(s)/Leader(s): \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Frequency of Meetings: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone number for information: \_\_\_\_\_

Category:  Women's  Men's  Mixed Gender  Training  Specialty

Title for Specialty or Training Group: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Enclose annual dues of \$50.00 with this form and return to:

Elizabeth Jackson, LCSW  
115 North Duke Street  
Suite 1-B  
Durham, NC 27701