



RAGPS Membership Application

Rochester Area Group Psychotherapy Society

Dear Colleague:

We are pleased that you have decided to join RAGPS! We value your support and look forward to your participation in the year ahead. Membership allows you to enjoy the benefits of being part of a growing and vital organization. These benefits include free admission to quarterly workshops, free subscription to the newsletter, reduced registration at the annual conference, access to the web site directory, and the invitation to list your groups on the web page (ragps.org). Perhaps most importantly, RAGPS provides the opportunity to network and to share ideas and experiences with other area group therapists. Your participation is important in keeping RAGPS dynamic and a strong advocate for continuing education in group psychotherapy.

Please complete the membership application form which you will find below and mail it, along with \$40.00 to:

RAGPS
601 Elmwood Avenue
P.O. Box 310
Rochester, NY 14642

The student fee is \$20.00, when accompanied with a copy of a current student I.D. or a letter from your supervisor.

On behalf of the Board of Directors of RAGPS, we thank you and look forward to seeing you at the next workshop!

Candace Sorensen, Ph.D.
 Chair, Membership Committee

Ann Betz, CSW-R
 President, RAGPS

Contact Information

Please check the pieces of information you want listed on the RAGPS website directory.

R Name	
R Degree(s)	
£ Street Address	
£ City, State, Zip Code	
£ Home Phone	
£ Work Phone	
£ E-Mail Address	
Referred By	

General Questions

- Are you a member of the American Group Psychotherapy Association (AGPA)? Yes No
- If "Yes," What is your AGPA status: Clinical Associate Fellow
- Associate/Clinical Student Life N/A
- Are you currently leading or co-leading any groups? Yes No

Professional Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Group Experience/Specialties/Interests

Summarize your previous experience.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Membership fees are nonrefundable.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in joining us.

Membership Fee

Please submit application and \$40 membership fee (checks payable to RAGPS) to:

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