

# General Practice Psychotherapy Association

312 Oakwood Court Newmarket, ON L3Y 3C8 Tel: 416-410-6644 Fax: 1-866-328-7974  
info@gppaonline.ca <http://www.gppaonline.ca>

## GPPA 2010/2011 Membership Application

Membership Year – October 01 2010 – September 30 2011

### Mailing Address & Contact Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City Prov Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE GPPA?** \_\_\_ colleague \_\_\_ website \_\_\_ Ad in \_\_\_\_\_

Other (please specify) \_\_\_\_\_  
*Occasionally, the GPPA makes its membership mailing list available to appropriate organizations.  
If you do not wish to receive these mailings, please check here \_\_\_*

### For ALL Physician members:

Medical School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Specialist Certification (please list as necessary) \_\_\_\_\_

I am licensed to practice medicine in \_\_\_\_\_ province, License # \_\_\_\_\_ and have no current restrictions or limitations on this license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For ALL Physician members: Which of the following best describes your practice:

Full time or predominantly GP Psychotherapy \_\_\_ Part time Psychotherapy & Part time General/Family Practice \_\_\_

General/Family Practice with interest in Psychotherapy \_\_\_\_\_

Family Practice Resident or Medical Student \_\_\_ Other: Please specify \_\_\_\_\_

### Directory Information (For Clinical Members ONLY)

Office street address \_\_\_\_\_

Office City, Province and Postal Code \_\_\_\_\_

Office phone and fax, including area code \_\_\_\_\_ e-mail \_\_\_\_\_

### Indicate therapy provided

\_\_\_ General Psychotherapy \_\_\_ Accelerated Experiential Dynamic Psychotherapy \_\_\_ Adlerian \_\_\_ Clinical hypnotherapy  
\_\_\_ Cognitive Behavioural Therapy \_\_\_ Cognitive Meditation Therapy \_\_\_ Couples Therapy \_\_\_ Eye Movement Desensitization & Reprocessing Therapy  
\_\_\_ Gestalt Therapy \_\_\_ Interpersonal Psychotherapy \_\_\_ Neuro-Linguistic Programming \_\_\_ Psychoanalytical Psychotherapy \_\_\_ Satir Therapy  
\_\_\_ Schema Focused \_\_\_ Transaction Analysis  
\_\_\_ Other (Please specify) \_\_\_\_\_

*Specialties:* \_\_\_ ADHD \_\_\_ Addictions \_\_\_ Borderline Personality Disorder \_\_\_ Chronic Illness \_\_\_ Disassociative Disorders \_\_\_ Eating Disorders  
\_\_\_ Eclectic \_\_\_ Grief \_\_\_ Mood Disorders \_\_\_ Palliative Care \_\_\_ Personality Disorders \_\_\_ Sex Therapy \_\_\_ Stress Management  
\_\_\_ Trauma/Abuse \_\_\_ Other (Please specify) \_\_\_\_\_

### Referral Service (For Clinical Members ONLY) NOTE FEE OF \$10 PER MONTH APPLIES

Would you like to take new patients through the **GPPA Referral Service**? Yes \_\_\_ No \_\_\_

If, Yes, telephone # for patients to call \_\_\_\_\_

### Listserve (For Clinical Members ONLY)

I would like to be in the professional e-mail discussion group - Listserve Yes \_\_\_ No \_\_\_

**Volunteering with GPPA (For Clinical Members ONLY)** Are you interested in joining a committee? Yes \_\_\_ No \_\_\_

\_\_\_ Conference \_\_\_ Membership \_\_\_ Professional Development \_\_\_ Newsletter \_\_\_ Finance \_\_\_ Website

### Membership Category Selection and Dues (See "Membership Categories and Dues" for details)

\_\_\_ \$ 90.00 Student (Note: Proof of student status MUST accompany application)

\_\_\_ \$ 195.00 Associate Membership

\_\_\_ \$ 275.00 Clinical Membership \_\_\_ Check here to receive a Certificant Application Package

\_\_\_ **Cheque enclosed** payable to GPPA and mail to: 312 Oakwood Court., Newmarket, ON, L3Y 3C8

\_\_\_ **Charge my Visa/Mastercard:** Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

NOTE: Credit Card payments may be made by fax to 1-866-328-7974