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 2011/2012 Membership Application

Membership Year – October 01 2011 – September 30 2012

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_____

Directory Information *(For Clinical and Associate Members who are MD's)*
Office street address_____

Office City, Province and Postal Code_____

Office phone and fax, including area code_____e-mail_____

Indicate therapy provided

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

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

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:_____

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