

APPLICATION FOR ASSOCIATE MEMBERSHIP

of THE AUSTRALIAN ASSOCIATION OF GROUP PSYCHOTHERAPISTS INC.

I.....
... (Full name of applicant)

ofdesire to
(Address)

become an Associate Member of THE AUSTRALIAN ASSOCIATION OF GROUP

PSYCHOTHERAPISTS INCORPORATED. In the event of my admission as an Associate

Member, I agree to be bound by the rules of the Association for the time being in force.

.....

Signature of Applicant

Date:

I, a Member of the Association,
nominate the applicant, who is personally known to me, for membership of the Association.

.....

Signature of Proposer

Date:

I, a member of the Association,
second the nomination of the applicant, who is personally known to me for membership of the
Association.

.....

Signature of Seconder

Date: