



MEMBERSHIP APPLICATION FORM

'FRIEND OF THE ASSOCIATION OF SOUL CENTRED PSYCHOTHERAPISTS'

Name:

Contact details

Ph:

Email:

Postal Address:

Areas of interest:

Referred by ASCP member/s name/s:

Reasons for joining the ASCP:

Expectations from joining the ASCP:

I agree to abide by the conditions of this membership:

Signature: _____

Date: _____

Approved by ASCP Committee:

Signed _____

Date: _____

Conditions of Membership:

1. Annual renewal fee of \$75
2. Friends of the ASCP are not eligible to nominate for management committee positions