



P.O. Box 45397
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www.privatepractice.org

Membership Form

Therapist Name _____

Practice / Group Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Fax Number _____ E-mail _____

State Senator _____ District # _____

How Did You Hear About APPT? _____

MEMBERSHIP TYPE:

- Traditional (private practice therapist) — fee is equal to what you charge for one hour of therapy
 Associate (agency therapist, retired therapist, non-practicing therapist) — \$50/year
 Student (\$25/year)

PROFESSIONAL AFFILIATION:

- Counseling Psychology Psychiatry
 Social Work Marriage & Family Therapy Other _____

MY PRACTICE IS:

- Full-Time Part-Time (< 10 hours/week) Not in Private Practice at Present

WHICH ISSUES ARE MOST IMPORTANT TO YOU?

- Clinical Issues Client Management Marketing/Branding
 Pricing/Billing Technology Issues Other _____

DUES (See Membership Type, above) \$ _____

Voluntary Donation for Legislative Action \$ _____

TOTAL \$ _____

Please enclose your check, made payable to APPT Mail
to: APPT • PO Box 45397 • Omaha, NE 68145

You may also pay via credit card (through PayPal) — e-mail appt.ne@gmail.com for details.

FOR OFFICE USE ONLY: Date Received _____ Check # _____ Added to E-List _____ Added to Directory _____
Notified SB _____ Sent E-mail _____ Traditional Members ONLY: Added to Peer Consult _____ Add Newsltr _____