



## Membership Form

Enclosed is my annual membership renewal fee

Enclosed is my new membership fee

*Please fill out the following information:*

Name and Title: \_\_\_\_\_  
(as it would appear in mbr. directory)

License \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Areas of specialty \_\_\_\_\_

- I would like to become more active with WTC. Please call.
- Please do NOT include my name in the membership directory.
- I would like to become a Sustaining Member, making an annual contribution to WTC in an amount between \$500 and \$2,000. Please call me to describe the added benefits for this level of support.

Membership: ( <u>\$80 general</u> / <u>\$40 for students and pre-license</u> )	\$ _____
Additional contribution to support WTC:	\$ _____
Total	\$ _____*

PLEASE MAIL YOUR CHECK TO:

**Women's Therapy Center:** 501 Kearney Street, El Cerrito, CA 94530

Administrative Line: **(510) 524-4822;** Fax: **(510) 524-8292**

Counseling Request Line: **(510) 524-8288;** **www.womenstherapy.org**