

MEMBERSHIP APPLICATION FORM

Membership Benefits

- Support the Adlerian mission of encouraging resilient families and the promotion of mental/emotional health
- Maintaining our low-cost counselling clinic as well as our psycho-education and counselling groups
- Receive our seasonal APABC newsletter
- Priority registration for workshops and events
- Full access to our library
- 10% off at Odin Books
- Supports healthy community development
- Access to archived material from expert Adlerian Counsellors

Please **print** clearly.

Name: _____

Address: _____

City: _____ Province/ State _____ Postal/ Zip Code: _____

Home Telephone: _____ Mobile Telephone: _____

Occupation: _____

E-mail _____

Have you ever been a member of APABC? Yes No If yes; When _____

APABC complies with all applicable legislation regarding the protection of personal information of our members

Membership Fees:

An opportunity to contribute:

\$60 Individual \$ _____

\$80 Professional \$ _____

\$40 Student/Senior \$ _____

\$100 Institution \$ _____

Donation (tax receipts issued) \$ _____

Total Amount Enclosed \$ _____

I would be interested in getting involved in the following:

Newsletter Education Study groups

Conferences Publicity/PR Membership

Library Fundraising History / Archives

APABC Courses Social Convening

Occasional help Community Celebrations

Please make cheque or money order payable to APABC

Or Charge to: Visa MasterCard Amex

Card Number: _____ Expiry Date: Month _____ Year _____

Signature: _____