

Cape Town Psychoanalytic Self Psychology Group

MEMBERSHIP FORM

Please complete the following.

Name:			
Date:		HPCSA Number:	
Practice address:			
Postal address:			
Telephone:		Preferred email:	
Cell:		Fax:	
Main areas of interest: <small>(This information will be made available to fellow members)</small>			
Would you like to join an introductory reading group, another reading group or no reading group?			
Will you be paying SAPC fees through the CTPSPG? <small>(if not the CTPSPG then please specify which group)</small>			

Direct deposit: NB: – all direct deposits, please put your name in the reference section of the deposit and email proof of deposit to Pat Oliver at pat.oliver@mweb.co.za Eft: NB: - all electronic funds transfers, please put your name as the reference and email proof to Pat Oliver at pat.oliver@mweb.co.za	Banking Details: Cape Town Psycho-analytic Self Psychology Group First National Bank – Rondebosch Branch code: 201509 Cheque a/c No: 50170110734
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