**Cape Town Psychoanalytic Self Psychology Group**

MEMBERSHIP FORM

Please complete the following and return to the Membership Secretary, Tricia at [pat.oliver@mweb.co.za](mailto:pat.oliver@mweb.co.za).

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| --- | --- | --- |
| Name: | | |
| Date: | Professional registration number: | |
| Qualification(s), year and institution: | | |
| Any professional affiliations: | | |
| Practice address: | | |
| Telephone numbers: | | |
| Preferred email address for messages from CTPSPG: | | |
| Would you like to join an introductory reading group? (<https://ctselfpsychology.org.za/fundamentals/>) | |  |
| Main areas of interest and practice: | |  |

**Banking Details:**

Name: CT Psychoanalytic Self Psychology Group

Bank: First National, Rondebosch

Branch code: 201509

Cheque a/c No: 50170110734

Reference: JOIN [and your surname] (e.g. JOIN Smith)

**NB: be sure to email proof of payment to the Membership Secretary:** [**pat.oliver@mweb.co.za**](mailto:pat.oliver@mweb.co.za)