**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.

|  |
| --- |
| 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**