



Satir Institute of the Pacific

Application for Membership

This information is collected under the Personal Information Protection Act of BC (2005). It will be used only for the purposes of maintaining accurate membership information, contacting you regarding upcoming training events, advising you of new resources available to you, and advising you of current and upcoming Satir Institute of the Pacific business activities.

I do not wish my personal information to be used for the purposes listed above.

I. TYPE OF MEMBERSHIP: (check one)

Clinical \$50 Professional \$50 Affiliate \$25 Community \$25

II. PERSONAL INFORMATION: (to be completed by all applicants)

Name:

Last

First

Address:

Street

City

Province/State

Country

PC/Zip

Telephone:

Residential

Work

Cell

E-mail:

III. SATIR EXPERIENCE: (to be completed by all applicants)

A. Training Program

Dates/Year

Hours

Program Leader(s)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please enclose evidence of program hours completed (photocopies of certificates of completion or letters from program leaders).

V. PROFESSIONAL INFORMATION:

A. Present Employment:

Title: _____

Present Employer: _____

Occupation _____

Job Description: _____

B. Education:

Degrees Diplomas Certificates	Year	University/Institution	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Professional Organization(s): (in which you are a member)

Do any of these organizations have a specific Code of Ethics? Yes No

D. Use of the Satir Model in your professional life:

VI. DOCUMENTATION: (to be completed by applicants for Clinical membership only)

Please enclose:

- Evidence of graduate degree completion (photocopy of diploma)
- Evidence of membership in a professional organization (photocopy of current membership certificate or membership card).

VII. CERTIFICATION

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that any membership granted me by the Satir Institute of the Pacific (S.I.P.) does not in and of itself imply specific licensure to practice counselling for a fee, monetary or otherwise. I hereby release S.I.P. from any and all liability and/or claim that may arise from any decisions to practice privately as a counsellor while a member of S.I.P. I understand that all application material becomes the property of S.I.P. upon receipt and that neither originals nor photocopies will be returned to me.

Applicant's signature

Date

Please mail this form and required documents to:

Satir Institute of the Pacific
Attention: Cindi Mueller
Administrative Assistant
13686 - 94A Avenue
Surrey, BC V3V 1N1

Email: admin@satirpacific.org
Phone: 604-634-0572