

ISEPP MEMBERSHIP FORM

2017

ISEPP is a nonprofit 501(3)(c). We are a volunteer organization with no officers receiving salaries or other financial benefits. Please see our mission statement at www.psychintegrity.org. Full rate ISEPP membership includes:

- ✓ ISEPP Bulletin
- ✓ ISEPP Journal (*Ethical Human Psychology & Psychiatry*)
- ✓ ISEPP Listserve

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City _____ State _____ Zip _____

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Dues (in US Dollars) - Check one:

_____ \$100 for US address

_____ \$110 for international address

_____ \$70 for students

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If you are experiencing a financial hardship and would like a reduced membership fee, please contact Robert Sliclen, Ph.D., at sliclen@optonline.net or 201-664-2566.

Payment Information:

I am also enclosing a tax-deductible donation of \$ _____.

Psychotherapy Referral Source: If you are a licensed clinician who subscribes to the ISEPP philosophy (see our Mission Statement on the ISEPP website at www.psychintegrity.org) and are interested in receiving referrals, please check here _____ and indicate the state in which you are licensed _____.

Complete this form in its entirety and mail, along with your check or credit card information to:

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