

ISEPP MEMBERSHIP FORM

ISEPP is a nonprofit 501(3)(c). We are a volunteer organization with no officers receiving salaries or other financial benefits.

Name _____
Address _____
City _____
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Dues (in US Dollars) - Check one:

_____ \$100 for US address _____ \$110 for international address _____ \$70 for students

If you are experiencing a financial hardship and a requesting a reduced membership fee, please contact Chuck Ruby, Ph.D., docruby@me.com; 301-646-6022, to explain the details of your request.

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

_____ Check (please enclose check)
_____ Credit Card Card Number _____
Expiration Date: _____ CSC (code on back of card) _____
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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:
ISEPP, 100 Bradford Heights Rd., Syracuse, NY 13224.