



## **NEW MEMBERSHIP APPLICATION FORM**

Title : \_\_\_\_\_ Initials : \_\_\_\_\_

Name : \_\_\_\_\_ Surname : \_\_\_\_\_

ID Number : \_\_\_\_\_

Address : \_\_\_\_\_

P.O. Box : \_\_\_\_\_

Postal code : \_\_\_\_\_

Work telephone : \_\_\_\_\_ Home telephone : \_\_\_\_\_

Cell number : \_\_\_\_\_ Fax number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Highest Qualification : \_\_\_\_\_

HPCSA no : \_\_\_\_\_ (Mental Health Specialists only)  
Psychologists/Social Workers/ Registered Counsellors)

Certified by which organization : \_\_\_\_\_ (Horse professionals only)

I, the undersigned, hereby apply for membership of the Equine Assisted Psychotherapy Institute of South Africa (EAPISA) and undertake to abide by the constitution of EAPISA. I undertake to pay my membership fees, as determined by EAPISA, annually. I also undertake to resign in writing from EAPISA should I no longer wish to be a member, and I accept that my membership fees will not be refunded. I agree that I will be held responsible for membership dues accrued up to the date of resignation. I declare that the information supplied above is correct and that no relevant information has been withheld.

Please note : a copy of your qualifications, certificates and/or degrees need to accompany your application form.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## **MEMBERSHIP FEES**

- Full members : R 684.00 annually (Mental Health Specialists)
- Full members : R 480.00 annually (Horse Professionals)

Please state with a tick whether you are a:

Psychologist \_\_\_ Social Worker \_\_\_ Registered Counsellor \_\_\_

Horse Professional \_\_\_ Other \_\_\_ please elaborate : \_\_\_\_\_

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**ONCE YOUR APPLICATION HAS BEEN APPROVED BY THE EAPISA COMMITTEE YOU MAY USE ONE OF THE FOLLOWING PAYMENT METHODS :**

### **PAYMENT INFORMATION**

CHEQUES : Please make cheques payable to Kim Kidson or EAPISA and post together with your application form to :

Kim Kidson  
P.O. Box 1214  
Glenvista  
2058

Bank deposits (please no cash deposits) - You may deposit cheques or do an EFT directly into the following savings account:

Bank Name : ABSA Oakdene  
Account Name : EAPISA  
Branch Code : 633705  
Account Number : 9192111229  
Account Type : Savings

Please either e-mail to [admin@eapisa.co.za](mailto:admin@eapisa.co.za) or fax a copy of the deposit slip to Attention Kim Kidson (011) 432-1976 clearly marked as EAPISA membership with your name and surname.



Benefits of being an EAPISA member :

1. Excellent networking opportunities.
2. Support : practical supervision and guidance as well as promoting your business and referrals.
3. Discounted rates on advertising, trainings, workshops, conferences.
4. Be the 1<sup>st</sup> to know about the latest EAPISA news, developments and information.
5. Quarterly newsletters via email.
6. Discounted rates with other training institutions associated with EAPISA.
7. Free placement on the EAPISA website as a referral source in your area once qualified and met with the basic requirements. And so much more...