



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 : _____

1. HPCSA no : _____ (Psychologists/Clinical Social Workers/
Social workers / Registered Counsellors)
2. Certified by which organisation : _____ (Horse Specialists 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 would 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 the application form.

SIGNED: _____ DATE: _____

ANNUAL MEMBERSHIP FEES

- Full members : R750.00 (EAPISA certified Psychologists & Clin Social Workers)
- Full members : R600.00 (EAPISA certified Horse Specialists)
- Associate members: R600.00 (Psychologists, Clin Social Workers, Social Workers, Registered Counsellors)
- Associate members: R500.00 (Horse Specialists)
- Students: R315.00

Please tick a category : Psychologist _____ Clinical Social Worker _____
Social Worker (Hons degree) _____ Registered Counsellor (Psych Hons) _____
Horse Professional _____ Other _____ (please elaborate : _____)

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

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 or fax a copy of the deposit slip for attention Shirley Osborne to (011) 432-1976 clearly marked as EAPISA membership with your name and surname.



Benefits of being an EAPISA member :

1. Excellent networking & training opportunities.
2. Support : practical supervision and guidance.
3. Discounted rates on trainings, workshops, conferences etc.
4. Be the 1st to know about the latest EAPISA news, developments and information.
5. Access to the EAPISA members only section for journal articles, book reviews.
6. 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...