**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 ($100)  Professional ($60)  General ($30)

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

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| --- | --- | --- | --- | --- | --- |
| Name: | Last | | | First | |
| Address: | Street | City | Province/State | Country | PC/Zip |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | Residential | Work | Fax |
| E-mail: |  | | |

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

**A. Training**

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| --- | --- | --- | --- |
| **Program** | **Dates/Year** | **Hours** | **Program Leader(s)** |
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Affiliate Membership please enclose evidence of 60 program hours of Satir training attended (certificate of completion or SIP official record of hours attended) or from another institution (photocopies of certificates of completion or letters from program leaders).  Clinical and Professional Membership a certificate of completion or letter from program leader for 120 hours from an approved Satir program.

**B.** **Use of the Satir Model in your personal life**: (please be specific)

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**IV. PERSONAL CONTRIBUTION:** (to be completed by all applicants). In what ways are you willing to contribute to furthering the purpose and objectives of the Satir Institute of the Pacific?

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**V. PROFESSIONAL INFORMATION**: (to be completed by Professional and Clinical applicants)

**A. Present Employment:**

Title:

Present Employer:

Job Description:

1. **Education:**

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| --- | --- | --- | --- |
| Degrees  Diplomas  Certificates | Year | University/Institution | Major |
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1. **Professional Organization(s): (in which you are a member)**

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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.

I understand that most communication from SIP will be by email and by checking the box I give permission to receive communication in that format.

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Applicant’s signature Date

**Please mail this form and required documents to:**

**Satir Institute of the Pacific**

### Phoenix Centre

### 201, 20627 Fraser Highway

### Langley, BC V3A 4G4

Attention: Cindi Mueller

### Administrative Assistant

604-546-1539

[admin@satirpacific.org](mailto:admin@satirpacific.org)