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**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 agree to have my personal information to be used for the purposes listed above.*

*I agree to have my contact information listed in a SIP directory.*

**I. TYPE OF MEMBERSHIP**: (check one)

Clinical $100  Professional $60  General $30

**II. PERSONAL INFORMATION**: (to be completed by ALL APPLICANTS)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Mailing Address |  | | |
| City |  | Province |  |
| Country |  | Postal Code |  |
| Cell/Work phone |  | Home Phone |  |
| Email |  | | |
| Job Title/Occupation |  | | |
| Employer |  | | |

**III. SATIR EXPERIENCE:** (to be completed by ALL APPLICANTS)

1. **Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Dates/Year | Hours | Program Leader(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Clinical and Professional Membership requires a certificate of completion or letter from program leader for 120 hours from an approved Satir program.

**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?

Wisdom Box

Committee Member

Content Development

Layout/Production

Interviewer

Event Organizing

Committee Member

On-site helper

Zoom Assistant

Location search

Marketing & Promotion

Committee Member

Blog

Social media content

Advertising

Research

Committee Member

Surveys

Research Projects

AGM

Awards Committee

Nominating Committee

Resource Development

Committee Member

Books

Printed Materials

Online Materials

Videos

Membership Development

Committee Member

Member greeting follow up

Leading Fireside Chats/ Community of Practice

Finance

Committee Member

Bookkeeping

Budgeting

Insurance

Contracts

Abuse Policy & Procedures

Other

Special Skills

**V. PROFESSIONAL INFORMATION**: (To be completed by PROFESSIONAL AND CLINICAL APPLICANTS)

1. **Education:**

What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

|  |
| --- |
|  |

**CLINICAL Applicants** please provide evidence of graduate degree completion (photocopy of diploma)

1. **Professional Organization(s): (in which you are a member)**

|  |
| --- |
|  |

**Do any of these organizations have a specific Code of Ethics?**  **Yes** **No**

**CLINICAL Applicants** please provide 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.

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Applicant’s signature Date

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

**Satir Institute of the Pacific**

### Attention: Cindi Mueller

### Administrative Assistant Email: [admin@satirpacific.org](mailto:admin@satirpacific.org) 201, 20627 Fraser Highway Phone: 604-546-1539

### Langley, BC V3A 4G4

**SIP Membership Form Checklists**

|  |  |
| --- | --- |
| **General Membership** | ✔ |
| Completed Form: Sections I. to IV. |  |
| Payment of Fees |  |
| Signed Completed Application |  |
| **Professional Membership** | ✔ |
| Completed Form: Sections I. to V. |  |
| Proof of 120 hours of Satir Training |  |
| Payment of Fees |  |
| Signed Completed Application |  |
| **Clinical Membership** | ✔ |
| Completed Form: Sections I. to VII. |  |
| Proof of 120 hours of Satir training |  |
| Proof of Graduate Degree completion |  |
| Proof of Current Professional Organization Membership |  |
| Payment of Fees |  |
| Signed Completed Application |  |