**ARIZONA GROUP PSYCHOTHERAPY SOCIETY**
**P.O. BOX 10458**
**PHOENIX, AZ 85016**

**MEMBERSHIP RENEWAL (2005)**

**Name: _____ Date: _____ Degree: _____**
**Mailing Address: _____**
**City: _____ Zip: _____ Work No.: _____**
**Home No.: _____ Fax No.: _____ E-Mail: _____**

Please indicate your AzGPS Membership status:
___ Clinical Member ___ Fellow ___ Full Associate Member
___ Associate Member/Academic/Research Member
___ Affiliate Member/Student Member

I wish to renew my Membership for a □ one year period @ $25.00 or a □ two year period @ $45.00. Questions? Contact Sandra H. Holt at (480) 759-0291, sholt25@aol.com or Marie Webb at (602) 993-1736. Please make your check payable to AzGPS and mail to:

Mary Lineback
8776 E. Shea, No. B3A-513
Scottsdale, AZ 85260

## COMMITTEES

AzGPS needs your active involvement as a committee member. Each committee serves a vital function in the life of our organization and allows you to network with other members. Please check the committee on which you would be willing to serve.

Membership ___ Training and Education ___ Communications ___ (Newsletter/Web Site)

## SHELTON-DOUGLAS MEMORIAL FUND

This fund was initiated to honor two of our founding members. We remember them by using the funds to scholarship our own members and students and to present an honorarium at our annual state conference.

___ I wish to donate $ _____ to the Shelton-Douglas Memorial Fund

**Membership Dues $ _____ + donations $ _____ = Total enclosed $ _____**