



Colorado Association of Psychotherapists (CAP)

“dedicated professionals united in excellence”

Membership Application

CAP Annual Membership Dues are listed below. Please select the appropriate category for your membership. Renewal is one year from date of joining/renewing. NOTE: If you are a practicing psychotherapist and want to join CAP, you must be registered with the Department of Regulatory Agencies (DORA), or be a licensed therapist, or practice under the State Board of Medical Examiners. Contact DORA at <http://www.dora.state.co.us/mental-health> or (303) 894-7766.

Date: _____ **YES, I WANT TO JOIN CAP!** **New** **Renewal**

Sponsoring Member: \$150
For generous individuals who wish to demonstrate their special support of the organization.

Professional Member: \$90
For all psychotherapists who are currently practicing or plan to practice during the membership year.

Student Member: \$35 **Upgrade from Student to Professional Member: \$55**
For student members.

Friends of CAP: \$50
For supportive members of the general public.

Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (w): _____ Phone (h): _____

Email: _____ Occupation: _____

Degrees/Certifications: _____

Specialties: (refer to CAP web site for applicable categories and list those that are within your scope of training, experience, or competence.)

CERTIFICATE AND LISTING IN THE CAP WEB SITE MEMBER DIRECTORY INCLUDED WITH ALL MEMBERSHIPS.
PRINT BELOW EXACTLY HOW YOUR NAME SHOULD APPEAR ON YOUR CERTIFICATE:

 Thanks, but I prefer **NOT** to receive a certificate.

Include a hot link from CAP's website to my website (list URL): _____

I've included a special donation: \$100 \$50 \$25 \$10 \$ _____

Total enclosed: \$ _____ Check (payable to CAP) Charge my MasterCard VISA

I hereby authorize CAP to charge \$ _____ to my account: MC/VISA # _____ Exp. date _____

I have read and agree to abide by the CAP Code of Ethics
(see back of this application or CAP web site):

Signature

Please return this completed form with payment to:

Colorado Association of Psychotherapists

P.O. Box 101926

Denver, CO 80250-1926

303-480-5733

web site: www.coloradopsychotherapists.com

email: info@coloradopsychotherapist.com

If you are a provider of psychotherapy services, your membership or donation may be tax deductible as a professional expense to the extent provided by the law. Please check with your tax professional.