## Membership application

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| --- | --- |
| Name and last name |  |
| Country |  |
| Address |  |
| Phone number |  |
| E-mail |  |
| Education and profession |  |
| Are you employed? |  **YES NO** |
| Where do you work? |  |
| Do you have any training in psychotherapy?  | **YES in NO** |
| Are you in training to become Schema therapist? |  **YES NO** |
| Are you interested in attending training or workshops in Schema therapy? |  **YES NO** |
| Are you interested in taking an active role in the Society? |  **YES NO** |
| What are you interested in? What would you like to do within the Society? |  |

**I agree to regularly pay an annual membership fee of EUR 12. By signing this, I state that I want to be a member of the "Center for Scheme Therapy Belgrade” association, and that I will act in accordance with the goals and activities defined by the Statute of the Association.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**