

Systems-Centered[®] Training and Research Institute Membership Application/Membership Renewal 2012

Membership Benefits:

- Bi-annual newsletters & monthly E-News
- Membership directory
- Membership section of SCTRI website
- Peer mentorship & consultation
- Lower fees for annual conference & training groups
- Free monthly drop-in study group on the phone

One must be an active member in the Systems-Centered Training and Research Institute to:

- Move to the Intermediate level of training
- Apply for a license to use the SCT trademark
- Participate in the SCTRI Action Groups
- Be eligible for work exchange (WEX)

SCTRI members serve as mentors to one another and make themselves available for 10-minute free consultations to other members.

The membership year runs February 1 – January 31

Directory Information:

Please check all that apply: SCTRI New Member SCTRI Renewal

- Yes, I want to continue to receive a printed copy of the directory
- No thank you, I prefer not to receive a printed copy of the directory & will use the online directory
- Yes, add me to the SCTRI email listserv so I can stay up to date on what's happening
- Yes, I am willing to house training participants from out of town
- Do not change my current listing in the directory (fill in your name & payment info below)

Name: _____ Degree: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Discipline: _____

Specialties and Areas of Expertise: _____

Dues (more or less*): Introductory New Member Rate: **\$125** Renewal: **\$200** Full-Time Student: **\$50**

**Membership is available to anyone who wants to join. If you can afford to pay more than the stated rates, your additional contribution will further support the work of our organization. Otherwise, we welcome your membership for an amount at-or-below the stated rates. You are free to decide what is affordable for you.*

Enclosed is a check for \$ _____ payable to SCTRI, or

Charge \$ _____ to my Visa, MasterCard, or American Express

Credit card number: _____ Expiration date: ____/____
month/year

Signature: _____

**Send to: SCTRI Membership, PO Box 2118, Decatur, GA 30031 U.S.
or fax to 404-378-8970**

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