

APPLICATION FORM FOR INDIVIDUAL MEMBERS IN ASSOCIATE MEMBERSHIP

Associate Membership according to statutes:	Are individuals who have started a training in Gestalt therapy or General Practitioners in Organisations in Institutes, which are members of the EAGT.
Associate Membership:	For individuals who do not (yet) meet the EAGT criteria for Ordinary membership.

PERSONAL DATA:		
Last Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name:		
Complete address:		
Date of birth:	Place of birth:	Country of birth:
E-mail:	Website:	
Highest preparatory education: (enclose a copy of certificate)		
Additional prior education: (enclose a copy / copies of certificate)		
Name of Gestalt Institute were you follow your training: (enclose copy of acceptance letter of the Gestalt Training)		

- I have read and agree to the code of ethics of the EAGT. I am not currently the recipient of a complaint.
- I hereby certify that the above information is correct to the best of my knowledge and belief.

Date:

Place:

Signature applicant: