

# SATIR LEARNING CENTRE OF OTTAWA

## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_

### 1. Type of Membership

Please check one.

- Affiliate      \$20      Please complete this page and section 7 on the last page (your signature).  
 Leadership      \$40      Please complete the entire form.  
 Clinical      \$40      Please complete the entire form.

### 2. Period of Membership

1 July \_\_\_\_\_ to 30 June \_\_\_\_\_       Renewal       New membership

### 3. Personal Information

If this is a renewal, please provide only information that is new since last year.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### 4. Your Experience With The Satir Model

#### A. Training

If this is a renewal, please provide only information that is new since last year.

PROGRAM	DATE(S)	HOURS*	PROGRAM LEADER(S)*
1. _____			
2. _____			
3. _____			

\* *Information about Hours and Program Leaders is required only from Leadership and Clinical membership applicants. Please enclose evidence of the program hours completed, such as photocopies of certificates of completion or letters from program leaders.*

#### B. Use Of The Satir Model In Your Personal Life

Please tell us a little bit about how you use the Satir Model in your personal life.

### 5. Personal Contribution

How might you contribute to furthering the mission and objectives of the Satir Learning Centre of Ottawa?

## 6. Professional Information—Leadership and Clinical Applicants Only

### A. Present Employment And Activities

Title (if applicable): \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

Work or task description: \_\_\_\_\_

\_\_\_\_\_

### B. Education

For each degree, diploma, and / or certificate, please include the name of the university or institution, the year you received it, and your major.

Diploma / Certificate: \_\_\_\_\_

Bachelor's Degree: \_\_\_\_\_

Graduate Degree(s): \_\_\_\_\_

\_\_\_\_\_

Post Graduate Training: \_\_\_\_\_

### C. Professional Membership(s)

Please list the relevant professional associations of which you are a member.

Do any of these organizations have a Code of Ethics?  Yes  No

### D. Use Of The Satir Model In Your Professional Life

Please tell us how you use the Satir Model in your professional life.

### E. Documentation

This documentation is to be provided by Clinical applicants only. Please note that no material will be returned.

Please enclose

- Evidence of graduate degree completion (photocopy of diploma)
- Evidence of membership in a professional organization (photocopy of current membership certificate or membership card)

## **7. Attestation—Signature Required by All**

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that any membership granted me by the Satir Learning Centre of Ottawa (SLCO) does not in and of itself imply specific licensure to practice counseling for a fee, monetary or otherwise. I hereby release the SLCO from any and all liability and/or claim that may arise from any decisions to practice privately as a counselor while a member of the SLCO. I understand that all application material becomes the property of the SLCO upon receipt and that neither originals nor photocopies will be returned to me.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## **8. Delivery to the SLCO**

Please provide a cheque made out to "SLCO" for the amount of your membership fee:

Affiliate	\$20
Leadership	\$40
Clinical	\$40

Please mail or otherwise deliver this form, any required documents, and your cheque to the address at the bottom of the page. Please note "membership application" on the envelope.

Thank you for your time in filling in this form!