



The Western Pacific Association of Transactional Analysis

APPLICATION FOR MEMBERSHIP TO WPATA

Fees as of March 2004. All prices shown in Australian Dollars (AUD).

I wish to apply for membership of WPATA as a (see Membership Categories page 7):

Payment levied from	Jan – Dec	Pro-rata only applicable for new members		
		Mar – Dec	July – Dec	Oct - Dec
<input type="checkbox"/> Associate Member (AM)	\$ 50.00	\$37.50	\$25.00	\$12.50
<input type="checkbox"/> Regular Member (RM) (fees yet to be determined. Check website Nov '04)	_____	_____	_____	_____
<input type="checkbox"/> Regular Member in Training (RMT)	\$140.00	\$105.00	\$70.00	\$35.00
<input type="checkbox"/> Certified Transactional Analyst (CTA)	\$160.00	\$120.00	\$80.00	\$40.00
<input type="checkbox"/> PSTA	\$190.00	\$142.50	\$95.00	\$47.50
<input type="checkbox"/> TSTA	\$190.00	\$142.50	\$95.00	\$47.50
<input type="checkbox"/> New Trainee: Membership	\$140.00	\$105.00	\$70.00	\$35.00
Contract	\$20.00	\$20.00	\$20.00	\$20.00
Membership Directory	\$10.00	\$10.00	\$10.00	\$10.00
Total	\$170.00	\$135.00	\$100.00	\$65.00

I agree to read and abide by the WPATA code of ethics.

I have no outstanding ethics charges against me. (If yes attach information to this form).

My payment of \$ _____ is enclosed for membership from _____ to 31 December 20 _____

Method of Payment:

My cheque is enclosed, made payable to WPATA.
Send to WPATA Treasurer, 32 Allenby Park Pde, Allambie Heights NSW 2100

or Please debit my: Bankcard MasterCard Visa Card

Card N°: _____ / _____ / _____ / _____

Expiry Date ____ / ____ Signature _____

Details

Name: _____

Address: _____

Email: _____ Signature: _____

New members only
Nominator (Advanced Member of WPATA) _____