***BRITISH RORSCHACH SOCIETY***

 Membership Form

*I wish to become a member of the BRS:*

First Name:

Last Name:

Preferred Mailing Address:

Phone – work:

Phone - home:

Email:

Occupation:

*Training & experience in the Rorschach or other assessment methods:*

*Area(s) of Work: tick all that apply*

[ ]  *Child & Adolescent* [ ]  *Adult* [ ]  *Family* [ ]  *Older Adults* [ ]  *Marital/Couple*

[ ]  *Assessment* [ ]  *Forensic* [ ]  *Psychotherapy* [ ]  *Expert Witness*

[ ]  *Educational* [ ]  *In-Patient Psychiatric* [ ]  *Health & Medical Settings*

[ ]  *Coaching & Consultancy* [ ]  *Occupational*

Please pay by BACS – Account no 01158870 / Sort code 30-18-43 and send your completed form to the address below or to kari@carstairspsych.co.uk

Or alternatively, enclose a £30 cheque payable to the British Rorschach Society and send it with your application to: Dr Kari Carstairs, British Rorschach Society, 7 Mayfield Road, Bromley, Kent, BR1 2HB. Contact Number: 020 8325 1697.