***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.