



Membership Application Form

I | we would like to apply for membership to the WADP

as an **individual**

Surname | First Name

Adress | Country

Telefon

Fax

E-mail

University Degree

Profession

as an **organization**

(Associations and institutes for psychotherapy training and further education,
psychotherapeutic clinics, research facilities, etc.)

Name of the Institution | Facility

Adress | Country

Telefon

Fax

E-mail

Date

Signature or Stamp

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