

MEMBERSHIP APPLICATION

Sam Houston Chapter of the
Texas Association for Play Therapy
www.shapt.org



SHAPT

Mail this application to: Joy Liuzza, 4922 Heatherglen, Houston, TX 77096
(Please put a check mark next to preferred mailing address.)

I would like to join SHAPT as a: Regular Member (\$20)
 Student Member (\$15)

Name: _____ Degree: _____

Home Address: _____ License: _____

City: _____ State: TX Zip: _____ Certification: _____

Home Phone: _____ Work Phone: _____ Fax: _____

BUSINESS INFORMATION

Organizations Name: _____

Practice Location: _____ Address: _____

Specialties: _____ City: _____ State: TX Zip: _____

Personal Email: _____ I would be interested in being involved in SHAPT through:

Work Email: _____ Leadership Position Presenter

Website: _____ Committee Participation Other

Volunteer (Specific Events)

WEBSITE INFORMATION @WWW.SHAPT.ORG

I have a private practice and would like my information listed on the website. Yes No

If yes, the following information will be listed on the website:

Name, Degree, Organization Name, Address, Phone and Fax Numbers

Voluntary information to be listed on the website include:

Email for website: _____

Area of town (circle area(s)): Central, West, SW/Sugar Land, S/Clear Lake, E/Baytown,
N/Woodlands, NW/Cypress, Other: _____

List up to three specialty areas such as LPC/RPT Supervisor, Grief, Bilingual, etc.

1) _____ 2) _____ 3) _____