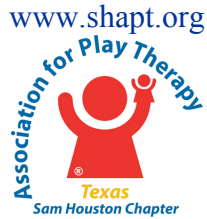


**S.H.A.P.T.**  
**Sam Houston Chapter of the Texas Association for  
Play Therapy**



**MEMBERSHIP APPLICATION**

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

Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
Home Address: \_\_\_\_\_ License: \_\_\_\_\_  
City: \_\_\_\_\_ Certification: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ FAX: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**E-mail Address (see note below):** \_\_\_\_\_

Location of Practice: \_\_\_\_\_ Specialties: \_\_\_\_\_

I would be interested in being involved in SHAPT:  Leadership Position  Volunteer for Specific Events  
 Presenter  Committee Participation  other

**Please make checks payable to SHAPT**

Mail to: Kim Abemethy, SHAPT President, 20122 Glen Lake Drive Spring, TX 77388

**(Please indicate preferred mailing address: Home  Organization )  
for publication on the SHAPT website**

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**Website Information at [www.shapt.org](http://www.shapt.org)**

I am in private practice and would like my information listed on the website. YES      NO

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

- Your name and degree.
- Your organization name, address, phone and fax numbers.

Voluntary information to be listed on the website:

- Please list my email address above or write in a different address: \_\_\_\_\_
- Area of town: 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, Bi-Lingual)
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_