



ORGANISATIONAL MEMBERSHIP APPLICATION FORM

Name of Organisation

Address

Contact Name

Tel No

Fax No

Email

We wish to become an Organisational Member of CPC.
(NB This does not incorporate individual membership status)

Number of people in your organisation (please circle appropriate number):
1-25 (£130) 25-100 (£180) 100+ (£230)

We are an organisation involved in (please circle most accurate description):
Counselling Training Mental Health Psychotherapy Other (please specify)

Please select one of the following payment options:

a) I enclose a cheque for £ _____ made payable to CPC Ltd

b) I wish to pay by £ _____ by credit/debit card

We accept the following cards: Switch Delta Solo Maestro JCB Visa /Mastercard

Card No:

Start Date: / Expiry Date: / Issue No: (Switch only)

Cardholder Name _____

Please return your completed form, supervisors report and membership fee to:

CPC, Queensway House, The Queensway, Bognor Regis, West Sussex, PO21 1QT

Tel: 01243 870701

Fax: 01243 870702

Email: cpc@cpc-online.co.uk