

The Sandtray Network

1946 Clemens Rd, Oakland, CA 94602 510-530-1383

sandtray@rcn.com

www.sandtray.org

YOUR MEMBERSHIP APPLICATION-RENEWAL FORM

Name _____

Address _____

Street

City

State

Zip

Home Telephone () _____

Work Telephone () _____

Fax () _____

E-Mail Address _____

My website URL: _____

Please link TSTN website and I will link to TSTN.

This is a New membership Renewal for calendar year: _____

Dues are \$30 minimum per year, payable in U.S. dollars (bankdraft) for the membership year, which extends from January 1 through December 31.

Enclosed find my annual membership dues in the amount of:

\$30.00 US \$45.00 US Couple * please add \$10US for outside US members \$_____ Donation

Dues are tax-deductible as a business expense. Make your check payable in U.S. dollars to "The Sandtray Network" and mail to 1946 Clemens Rd Oakland CA 94602

New members are requested to provide the following information. Current members please update:

Education: Degree(s) _____

Specialty _____

Affiliation: _____

Profession(s): _____

Years of experience in my field: ____

Work setting(s): _____

Population(s) served: _____

Credential(s)/License(s) Held: _____

Specialties: _____

Sandtray training experience: _____

Applications of sandtray: _____

What I am hoping to gain from membership in the Sandtray Network: _____

I am able to travel to meetings (held in Northern California) Y / N

I am willing to contribute my time and talents to the Sandtray Network Y / N

Skills and talents I have to contribute _____