

FRIEND OF IAHIP – APPLICATION FORM

First Name(s)	
Surname	
Date of Birth	
Address	<hr/> <hr/> <hr/> Postcode <hr/>
Email Address	<hr/>
Phone number	<hr/>
Date of Application	<hr/>

Please [click here](#) for Application fee.

All memberships renew on January 1st each year.

Please see **Bye Law 4, clause 6** for criteria relevant to Friend Membership of IAHIP

6. Friends

- 6.1 Application for the category Friend is intended for those persons who are interested in the field of psychotherapy and who are working in a related field, or for practising psychotherapists who are members of another association. In addition they must be recommended for this category by one accredited member of IAHIP.
- 6.2 Acceptance of a person as a Friend shall not be construed in any way as pre-empting any eventual decision of the Governing Body regarding their suitability for accreditation.
- 6.3 Friends may NOT represent themselves as Accredited Members of IAHIP nor use the letters IAHIP as part of their advertising material or stationery.
- 6.4 Friends shall have the following rights:
- ◇ They will be on a selected mailing list.
 - ◇ They will receive the *Inside Out Journal*.
 - ◇ They will receive the IAHIP Newsletter.
 - ◇ They will be notified of selected events, seminars, workshops, lectures, etc. being organised by IAHIP.
 - ◇ They will receive discount on fees for attendance at such events.

Signed _____

Please tick the box relating to your payment type:

ONLINE ([click here to access online payment link](#))

POSTAL ORDER

CHEQUE

**Please send completed form and fee (if not paying online) to:
IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.**