

2017 Membership Application

Northeast Region of the William Glasser Institute

Date: _____ New Renewal: Are there changes? Yes No

For renewal memberships enter your name and any changes

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ e-mail address: _____

Information from the region will be sent electronically except by special arrangement.

Information for publication in Regional Network Directory		
1. IRT - Type of relationship with William Glasser Institute: (circle highest achieved)		
<input type="checkbox"/> 010 In Training for Certification	<input type="checkbox"/> 020 Reality Therapy Certified	<input type="checkbox"/> 030 Practicum 1 Supervisor
<input type="checkbox"/> 040 Practicum 1 and 2 Supervisor	<input type="checkbox"/> 050 Basic Week Instructor	<input type="checkbox"/> 060 Advanced Week Instructor
2. Field - Professional Field when using RT/CT/LM (circle 1 or 2)		
<input type="checkbox"/> A00 Therapy/Counseling	<input type="checkbox"/> B05 School Counselor	<input type="checkbox"/> I00 Adult Residential Treatment
<input type="checkbox"/> A01 Private Practice	<input type="checkbox"/> B06 School Social Work	<input type="checkbox"/> J00 Pastoral Counseling
<input type="checkbox"/> A02 Clinical Practice	<input type="checkbox"/> B07 Staff Development	<input type="checkbox"/> K00 Social Work
<input type="checkbox"/> A03 Individual Therapy	<input type="checkbox"/> B08 Adult Education	<input type="checkbox"/> K01 Children and Youth
<input type="checkbox"/> A04 Family Therapy	<input type="checkbox"/> B09 Graduate Level	<input type="checkbox"/> K02 Clinical Social Work
<input type="checkbox"/> A05 Marriage Counseling	<input type="checkbox"/> B10 Teacher Training	<input type="checkbox"/> L00 Nursing
<input type="checkbox"/> A06 Adolescent Counseling	<input type="checkbox"/> B11 Parenting Training	<input type="checkbox"/> M00 Divorce Mediation
<input type="checkbox"/> A07 Peer Counseling	<input type="checkbox"/> C00 Substance Abuse	<input type="checkbox"/> P00 Business
<input type="checkbox"/> A08 Hospice	<input type="checkbox"/> D00 Corrections	<input type="checkbox"/> P01 Employee Asst. Program
<input type="checkbox"/> B00 Education	<input type="checkbox"/> E00 Probation	<input type="checkbox"/> Q00 Administration
<input type="checkbox"/> B01 Elementary	<input type="checkbox"/> E01 Juvenile Probation	<input type="checkbox"/> R00 Consulting
<input type="checkbox"/> B02 Secondary	<input type="checkbox"/> F00 Mental Health	<input type="checkbox"/> S00 Community Organization
<input type="checkbox"/> B03 Special Education	<input type="checkbox"/> G00 Residential Child Care	<input type="checkbox"/> S01 Community Activities
<input type="checkbox"/> B04 School Psychologist	<input type="checkbox"/> H00 Juvenile Residential Treatment	
3. Service- Reality Therapy based services offered (check all that apply)		
<input type="checkbox"/> 1000 Counseling/Therapy	<input type="checkbox"/> 0030 Consultation	
<input type="checkbox"/> 0200 RT/CT Training	<input type="checkbox"/> 0004 Practicum supervision	

Membership: \$15.00 Make Checks payable to NE WGI

**Mail to Kathleen S. Haddad
60 North Main Street
Bainbridge, NY 13733**