



International Society of the Rorschach & Projective Methods
Société Internationale du Rorschach et des Méthodes Projectives
Sociedad Internacional de Rorschach y Métodos Projectivos
国際ロールシャッハ及び投映法学会

Application for Individual Membership

I wish to become an individual member of the International Society of the Rorschach and Projective Methods. Please submit this request to the Membership Committee:

Name, First Name: _____

Gender: Male Female Other

Date of birth: _____

Mailing address: _____

Country: _____

E-mail: _____

Is there a national group or Rorschach Society in your country that is a member organization of the International Society of the Rorschach and Projective Methods? Yes: No:

If yes, are you a member of that organization? Yes: No:

If you are not a member, why not?

Education

Highest degree: _____

Year awarded: _____

Institution: _____

Field of study: _____

Employment

(Current employment, dates. Graduate students: Enter name of university you are attending.)

Do you currently hold a license or certificate to practice?

Yes:

No:

Have you attended an ISR congress?

Yes:

No:

If yes, where? _____

Payments/Conditions

- Application fee: CHF 40.–**
- ISR dues: CHF 40.– per year** are payable within 90 days of the receipt of the dues invoice.
- payable in **international funds**
- Note:** Applications without fee payment will be returned.

I wish to pay my application fee and dues by

- Check (enclosed)
- Credit card (if credit card, please specify which one)
 - EUROCARD/MasterCard
 - VISA card

Number: _____

Expiration date: _____

Card Validation Code: _____

I certify the information provided above is accurate and correct.

Signature of applicant: _____

Date: _____

Please return this form to:

Mrs Sushila Dixit
International Society of the Rorschach and Projective Methods
c/o Hogrefe AG
Länggass-Strasse 76
3012 Bern
Switzerland