

FORM 10

New Certified Sandplay Therapists Member Form

Sandplay Therapists of America

Candidate completed requirements for certified membership on _____
Day/Month/Year

Advisor Information:

Advisor's Name _____

E-mail address or phone number _____

Advisor's signature _____

Certified Member Information:

Certified Member's Name _____

Street _____ City _____

State/Province _____ Post code _____

Country _____

Business Phone Number _____

Home Phone Number _____

Fax Number _____

E-mail Address _____

Reader Information:

Reader No. 1 _____

Reader No. 2 _____

Reader No. 3 _____

Please send the completed form to:

STA
PO Box 4847
Walnut Creek, CA 94596
925/478-8105

Or fax to:

A copy of this form will be forwarded to ISST

See Chapter Four and Appendix A17/1-4 for more information.