Psychodrama Association for Europe e.V. c/o Hofmann & Mävers, Taubenstr. 1, D-10117 Berlin, Germany Phone.: +49 177 684 6353

E-mail: office@psychodrama-for-europe.eu



APPLICATION FOR MEMBERSHIP PERSONAL MEMBERSHIP

Title, last name:	First name:	
Date of birth:		
Private address (street, postal code, town, county):		
Private telephone: Profession:	E-Mail: Present profess. Activity:	
Office address (name, street, postal code, town, county):		
Please mail my letters	to my office address	
I apply for personal membership in the Psychodrama Association for Europe e.V. as an		
ordinary personal member	extraordinary personal member (see statute)	
My membership/the membership of my company/institution is recomme for Europe e.V.:	nded by the following two members of the Psychodrama Association	
1		
2		

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(place, date)

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Please give a short statement of your psychodramatic development:		
Where do you see focal points for your activities in experience or competence would you like to contri		e.V.? Which kind of special knowledge,
What are your expectations regarding the work of	the Psychodrama Association for Europe e.	V.?
What do you think about your ability to direct group	ips working on psychodramatic topics?	
	sufficient	very good
Elementary training groups		
Advanced training groups	П	
Supervision groups	J	J
Patient or client groups		П
Other groups with special topics, e.g.:	U	_
		ч
I am able to direct groups in the following languages:		
My /our membership in the Psychodrama Association for Europe e.V. should start on:		
I confirm that all given facts are correct. I took notice of the statute of the Psychodrama Association for Europe e.V. and I accept them as obligatory.		

(signature)

