



# COLORADO ASSOCIATION OF PSYCHOTHERAPISTS

“Promoting professional development of psychotherapists through education, networking and legislative representation.”

## MEMBERSHIP and PAYMENT INFORMATION

Colorado Association of Psychotherapists (CAP) offers Annual Membership for categories at dues rates listed below.

Go to our website and follow directions under “**Join CAP**” to join or renew online using our automated system through PayPal. A valid Email address is required. All members may print the CAP Code of Ethics on our Website.

<http://coloradopsychotherapists.com/>

Upon verification of payment, new Professional Members will quickly receive an automated email from CAP with a password and instructions to personalize a public profile. *Professional members* have the opportunity to list and update credentials, training and other information about their practice for public viewing in CAP’s online Professional Directory.

**NOTE:** Professional Membership **requires** the license, certificate or registration number assigned by DORA for your mental health profession **and** your agreement to abide by CAP’s Code of Ethics. Professional Memberships are reserved for those whose practices are authorized by the Colorado Mental Health Practice Act. For complete information contact the State of Colorado Department of Regulatory Agencies (DORA) at 303-894-7766 or online at:

<https://www.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>

### Membership Levels:

\_\_\_ **Professional Member: \$95** – Individual practice authorized by the Colorado Mental Health Practice Act under DORA.

\_\_\_ **Associate Member: \$75** - Individuals who wish to provide support through donation of goods/services

\_\_\_ **Non-Profit Member: \$150** – 3 individual professional memberships from the same non-profit organization.

\_\_\_ **Business Member: \$250** – 3 individual professional memberships from the same business organization.

\_\_\_ **Sponsoring Member: \$150** - Individuals or businesses wishing to provide generous support to the organization.

\_\_\_ **Student Member: \$40** - Student Membership is available to non-practicing, full-time students.

\_\_\_ **Donations, of any amount are always welcome: \$**\_\_\_\_\_

*Your membership or donation may be tax deductible. . Consult your tax professional.*

**On-line joining and renewal are encouraged. Processing mailed in checks and applications can take up to three weeks due to CAP’s all volunteer management and operation status. Your patience is appreciated! Your help is welcomed! If you choose to pay with a check, please print this PDF. Check Membership Level and Payment amount above. Complete and sign the form below and mail with your payment:**

Name \_\_\_\_\_ Business \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Postal Code)

Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Mental Health Profession(s) \_\_\_\_\_

Colorado License, Certificate or Registration Number assigned by DORA \_\_\_\_\_

I agree to adhere to the Colorado Association of Psychotherapists Code of Ethics evidenced by my signature below:

X \_\_\_\_\_  
Applicant’s signature

If paying by check, make check Payable to Colorado Association of Psychotherapists and mail with this completed Application to: **COLORADO ASSOCIATION OF PSYCHOTHERAPISTS, PO BOX 101926, DENVER, CO 80250**