

Wellspring

centre for psychotherapy and counselling

Application for Membership

Name.....

Position

Organisation.....

Address

.....

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Telephone

Fax

Email

-
- I wish to become a Member of Wellspring (Scotland) Ltd and enclose the membership fee of £15.

 - I wish to give a donation of £.....

I enclose Cash/Cheque payable to Wellspring (Scotland) Ltd for the sum of £.....

SignedDate.....