

# 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 £.....

Signed .....Date.....