



INTERNATIONAL  
SOCIETY OF  
INTERPERSONAL  
PSYCHOTHERAPY

**APPLICATION for CHAPTER  
AFFILIATION WITH THE INTERNATIONAL  
SOCIETY OF INTERPERSONAL  
PSYCHOTHERAPY (ISIPT)**

Please complete this form, along with the signed "Affiliated Chapter Agreement," and send to the ISIPT via email to Dr. Oguz Omay:

Oguz Omay, M.D. (oguz.oday@icloud.com)

We, the undersigned, would like to request that our regional IPT society be formally affiliated with the International Society of Interpersonal Psychotherapy (ISIPT). We recognize ISIPT as a professional international organization whose mission is to foster the advancement of IPT through scientific research, training and dissemination. ISIPT sees the broad application of IPT by therapists worldwide as one of the valuable means for alleviating human suffering due to mental disorders. Therefore, we are requesting recognition as an ISIPT-affiliated chapter with the intention of upholding ISIPT's mission as stated above. We have read and agree to all conditions in the "Affiliated Chapter Agreement" sheet included with this application

We further certify that our affiliated chapter of ISIPT will function according to the purposes and principals of ISIPT while operating as a financially, legally and administratively independent arm of the Society, and in accordance with this agreement neither party shall have any claim on the other, nor make any pretense to represent the other, in the transaction of any business in furtherance of the goals and objectives of the respective organizations.

\_\_\_\_\_  
Official Affiliated Chapter Representative Signature      Date

**Recognized name of the affiliated chapter of ISIPT:**

The \_\_\_\_\_ (Insert name of region or language group) Society of Interpersonal Psychotherapy: A regional chapter of ISIPT." Your name, and if possible your logo, should both reflect your connection to ISIPT.

**Geographical area or language group to be covered by your regional chapter:** \_\_\_\_\_

\_\_\_\_\_

**Does your group primarily include individuals from a low or middle income country, based on World Bank definitions:** Yes \_\_\_ No\_\_\_

**If Yes, are you requesting reduced fees for ISIPT chapter affiliation?** Yes\_\_\_ No\_\_\_

**Mission, Goals and Objectives of your regional chapter (Attach a separate sheet as necessary; note that *this Mission Statement will be posted on the ISIPT website*):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chapter Website (*this information will be posted on the ISIPT website*):** \_\_\_\_\_

**Is your group already registered as a Charity, Foundation, Society or otherwise incorporated under any local law?** yes \_\_\_ no \_\_\_

If you answered yes, please include the following attachments with your group's application

- A. A copy of your group's registration, incorporation or other determination letter
- B. A copy of your group's history, mission statement, objectives, by-laws
- C. A copy of any printed publications or materials currently distributed by your group
- D. Your group's current organizational structure, including officers, board members, paid employees, etc.
- E. Your group's current membership roster

**Statement of Purpose:** (Please attach on a separate sheet of paper)

Briefly describe why you/your group would like to affiliate with ISIPT as an official Regional Chapter.

**Proposed ISIPT Regional Chapter Officers (if any) and ISIPT Liaison (required)**

Please provide contact information, as well as details of board, officer, or editorial positions in other mood disorder related professional organizations as indicated in "Other Affiliations" below.

**ISIPT Liaison** (principal contact for ISIPT; *this person's name and email will be posted on the ISIPT website*)

Name:

Address:

Phone:

E-mail:

Current ISIPT Member (y/n):

Other Affiliations:

**President**

Name:

Address:

Phone:

E-mail:

Current ISIPT Member (y/n):

Other Affiliations:

**Vice President**

Name:

Address:

Phone:

E-mail:

Current ISIPT Member (y/n):

Other Affiliations:

**Treasurer**

Name:

Address:

Phone:

E-mail:

Current ISIPT Member (y/n):

Other Affiliations:

**Secretary**

Name:

Address:

Phone:

E-mail:

Current ISIPT Member (y/n):

Other Affiliations:

**Five (5) ISIPT Members in your group**

You need at least five (5) individuals in your group who are paid Voting ISIPT members, in good standing, in order to petition for regional chapter status. Please list names of at least 5 ISIPT members below.

**Include Name, Email, and country**

Name:

E-mail:

Country:

Name:

E-mail:

Country:

Name:

E-mail:

Country:

Name:

E-mail:

Country:

Name:

E-mail:

Country: