



## Vermont APT Membership Form

Please renew/accept my membership to the Vermont Chapter of the Association for Psychological Type.  
Enclosed please find my \$40 annual membership fee.

Name: \_\_\_\_\_ MBTI® Type (optional): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I am qualified to administer the MBTI®. Year Qualified: \_\_\_\_\_

I am currently a member of the APT International

Please make your check for \$40 payable to:

Vermont APT

P.O. Box 26

Hinesburg, VT 05461