

**Santa Barbara Friends of Jung**  
**Membership Application**

Name: \_\_\_\_\_

Gender: M F

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Office Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Second Office Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

**One time membership fee \$40**

Please send completed membership form,  
along with your check to:

Santa Barbara Friends of Jung  
c/o Shawn Klein, MFT  
100 E. Thousand Oaks Blvd., Suite 217  
Thousand Oaks, CA 91360  
Thank You!