



North Coast Association of Mental Health Professionals

P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Please Check Your Membership Status: New Member _____ Renewing Member _____

Licensed Clinical Member *\$155.00 per year (\$5.00 discount for cash or check)

PhD/PsyD ___ LCSW ___ LMFT ___ LPCC ___ LEP ___ Psychiatrist ___

Member holds a current license including psychiatrists, psychologists, social workers, marriage and family therapists, professional clinical counselors, and school psychologists. A licensed clinical member has full membership benefits.

Associate Member *\$105.00 per year (\$5.00 discount for cash or check)

MFT Intern ___ ASW ___ Registered Psychologist ___ Other ___

Members who have graduated with a Master's or Doctorate degree in psychology related fields and are pursuing licensure. An associate member has Full membership benefits.

Associate members, if currently practicing, are required to list their supervisor: _____

Agency Membership *\$255.00 per year (\$5.00 discount for cash or check) Agency Member _____

Agencies will be listed singly on the website and in our directory. The Agency membership includes 5 designated non-voting members who may participate in the activities, and one designated voting member. Duplicate this form for all five agency members, indicate a designated contact person (frequently updates agency website listing, forwards info, etc.) and send all forms together.

Affiliate Member *\$95.00 per year (\$5.00 discount for cash or check) Affiliate Member _____

Members may be health professionals with an interest in and appreciation for the mental health needs of their patients/clients/consumers and have an interest in supporting the association. Affiliate members may be, but not limited to, certified para-professionals, masters level professionals not pursuing licensure, members of allied professions, non licensed professionals, high school teachers of psychology, staff members of licensed professionals, chiropractors, occupational/physical therapists, nurses, other doctors, physician assistants, bachelor's level counselors. An interested person will need to bring a written recommendation for Affiliate membership from a Licensed Clinical Member or Associate Member, and be approved by the Board of Directors.

Student Membership \$25.00 per year Student Member _____

Members who are enrolled in graduate, undergraduate, or high school are eligible to attend the General Meeting and receive discounts for trainings. Student members are not listed in the directory.

Emeritus Membership \$50.00 per year Emeritus Member _____

Retired licensed member of the Association. Emeritus members are not listed in the directory,

As a member of the North Coast Association of Mental Health Professionals, I hereby agree to uphold the Articles and Bylaws of this Association (posted on website), as well as the ethical and professional standards of my discipline and/or of CAMFT, NASW, and/or from American Psychological Association. I also testify that I am a person of good standing in the community and not currently under judgment for illegal, unethical, or unprofessional conduct. I declare that I understand and meet the qualification for membership as checked above and agree to receive emails from the Association.

Signature

Date

Name (Printed)

Degree / Title

License/Registration Number

Professional Mailing Address

Telephone Number

Fax Number

Email Address

Please indicate interests in volunteering for:

___ Board of Directors

___ Education Committee

___ Membership Committee

___ Website Committee

___ Newsletter Committee

___ Ethics Committee

Check here if you would like to be added to the NCAMHP listserv _____

Check here if you want to be considered for a fee waiver. List your volunteer activities and time on the back of this application. _____

For Office Use Only Committee Contacted ___ New Member Contacted ___ BC revised 01/2016