

Membership Application
2010 Central Coast Chapter CAMFT Membership Directory

Complete and mail in this application with your check to the address listed below.

Once your membership is approved, you will receive a password. At that time, you can utilize your password to access the member's only section of the website.

Please provide the following information for the online directory.

Primary Office Addresses and business telephone numbers will be accessible in the **Public Online Directory**. This directory is available to licensed professionals, interns & the public. Any additional information you would like included in the **Public Directory** can be added when updating your information and describing your areas of interest on the website.

All other information included in this application will be included in the **Membership Directory**. This directory is only accessible to chapter members.

Are you currently a member of State CAMFT?

- Yes CAMFT Membership number _____
 No (please note that State membership is required in order to join the local Chapter.
Affiliate and Associate Memberships are exempt from this requirement.)

This application is for renewal membership new membership

Last Name First Name Middle Name

Mailing Address — Street, City, ZIP (Include suite #s please)

Primary Office Address — Street, City, ZIP

Addresses/Additional Offices — Street, City, ZIP

Telephone # (Business Office Contact Number) Additional Office Telephone #(s) Home Telephone #

Email Address Website Address

Check the type of membership for which you are applying (note difference in dues amounts/date of payment):

- Licensed MFT License# _____ Year Licensed _____ \$50
 Registered MFT Intern Intern Reg. # _____ Supervisor _____ \$20
 MFT Trainee/Student \$20
 Affiliate, e.g. hospital, clinic, non-profit \$40
 Associate, e.g. other license \$40
 Newsletter subscription only \$40

Would you be interested in serving on our board? yes no

Would you be interested in serving on a committee? yes no

Please mail this application and check payable to
CCC-CAMFT Membership
c/o Judith Stern, LMFT
150 South 6th Street, Suite A
Grover Beach CA 93433

Questions? Contact Judith Stern at (562) 537-6735 or by email to jstern@thearttherapycenter.com