



Membership Application

Name: _____

Email: _____

Alternate
Email: _____

Phone: _____

_____ School _____ Clinical Mental Health

_____ Master's _____ Doctoral

_____ Current Student _____ Alumni

_____ New Member _____ Returning Member

For Executive Board Use:

Dues paid: _____ Date: _____

Membership expires: _____

Committee Membership(s):

_____ Mentoring _____ Outreach _____ Education