

Membership Renewal

Santa Clara Valley Chapter
California Association of Marriage & Family Therapists
Post Office Box 60814 Palo Alto, CA 94306 • 408/235-0210

Salutation (Optional) None Ms. Mrs. Mr. Dr. Other... _____

Personal Data Name: Memb Category
Home Address (Optional): Home Phone (Optional)
Mentor Mentee
Expanded web listing expires

Membership Expires E-mail Address:
BBSE Category BBSE License or Registration Number

Date Licensed School Prelicensed Member is attending (Optional)

First Office Phone-Vmail
.....
..... FAX

Low Fee Accepted? No Yes Handicapped Access? No Yes

Other Office Phone-Vmail
.....
..... FAX

Low Fee Accepted? No Yes Handicapped Access? No Yes

Language Fluency other than English

Personal Area of Interest (licensed member only)

Areas of Interest Area of Interest 1: #
Area of Interest 2: #
Licensed members only Area of Interest 3: #

Panels (do you accept insurance reimbursement?)

Please place data on additional panels on the back of this sheet.

Degrees (list most recent first)

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.....

Certifications

.....
.....

Send mail to my: Home First Office
In the Directory, list these addresses: Home Office(s) Home & Office(s) None
In the Directory, list these phone numbers: Home Office(s) Home & Office(s) None
List email address? _____

Yes, I am a member in good standing of CAMFT. I understand that \$10.00 of my annual dues is for a subscription to the Chapter newsletter, the *SCV-CAMFT News* (subscriptions are not available without membership).

Enclosed is my payment for local Chapter membership in the amount of \$ _____ (see renewal instructions for membership rates).

Signature Date