

Member Application and Renewal Form

Glendale Area Mental Health Professionals Association
 138 North Brand Boulevard, Suite 300, Glendale, CA 91203-4618
 (818) 771-7680 www.psychotherapy.org/gamhpa

2011

 New Applicants Only

Print your full name and all information below.
 Check box next to appropriate membership category.
 If student/intern, obtain a full member's signature.
 Sign and date at the bottom.
 Complete all directory information on reverse side.
 For individuals, enclose a copy of license.
 Enclose check with this application and license.

 Renewing Members Only

Print your full name below.
 Enter changes in your information below and check box.
 Check box next to appropriate membership category.
 Sign and date at the bottom.
 If you need to make changes to your directory information,
 check box on reverse side and complete all sections fully.
 Enclose check with this application.

Full Individual Name (Please Print)
Full Organization Name (If Applicable)

For Office Use Only	
Application _____	Phoned _____
License _____	Packet _____
Dues _____	cc Newsletter _____
	cc Webmaster _____

Contact Information ONLY For New Members and Renewal Changes Below

RENEWING member: There are **NO** changes changes to my contact information below from last year.
 In the event I have made changes, **ALL** sections below are **FULLY** completed.

Office Address		
Second Office Address		
Office Phone Number	Second Office Phone Number	Office Fax Number
E-Mail Address	Website URL	

Accredited Institution Which Granted Your Degree	City & State	Program/Area of Study	
Degree	Year Granted/Anticipated	License Number	Year Issued

Would you like to be added to our Internet Discussion List? (e-mail address is required, above) Yes No

Dues schedule below applies for the calendar year, January 1 through December 31. For new members joining after October 1, your dues will apply through the following year.

- | | | |
|-------------------------|--------------|--------------------------------------------------------------------------------|
| Full Member | \$60 Annual | <u> </u> Board Certified or Eligible Psychiatrist |
| | | <u> </u> Licensed Psychologist |
| | | <u> </u> Licensed Clinical Social Worker |
| | | <u> </u> Licensed Marriage and Family Therapist |
| | | <u> </u> Psychiatric Nurse |
| Organization | \$125 Annual | <u> </u> (Please attach a list of your clinical staff on a separate sheet.) |
| Associate Member | \$35 Annual | <u> </u> Student, Intern, Pre-Licensed |
| | | <u> </u> Psychological Assistant |
| | | <u> </u> Other |

I, the below signed applicant, hereby apply to the Glendale Area Mental Health Professionals Association (GAMHPA) for membership. I certify that the above information is true and correct to the best of my knowledge. I will notify GAMHPA of any changes in this information. I understand that GAMHPA is an interest group only, will not provide referrals, and does not credential in any way. I understand that to be a full member, I must be in good standing with my state licensing board. I understand that if I am a student or intern, I must have a GAMHPA full member sponsor me.

Applicant Signature _____ Date _____ Sponsor Name & Signature (For Student or Intern) _____

Directory Information ONLY for New Members and Renewing Member Changes

RENEWING member: There are ___ **NO** changes ___ changes to my directory information below from last year. In the event I have made changes, ALL sections below are FULLY completed.

Groups Offered

Topic, Target Problem, or Focus	Members	Time/Day	Fee
Topic, Target Problem, or Focus	Members	Time/Day	Fee
Topic, Target Problem, or Focus	Members	Time/Day	Fee
Topic, Target Problem, or Focus	Members	Time/Day	Fee

Clients Treated

- Children
- Adolescents
- Young Adults
- Adults
- Seniors

Non-English Languages

- Spanish
- Other: _____
- Other: _____

Problem Areas Treated

- Addictions
- AIDS/HIV
- Anxiety Disorders
- Attention Deficit
- Behavioral Problems
- Brain Damage
- Chronic Illness/Pain
- Divorce
- Eating Disorders
- Gay/Lesbian Issues
- Learning Disabilities
- Marital Problems
- Medical Management/Non-Compliance
- Mood Disorders
- Multicultural/Ethnic Diversity
- Multiple Personality
- Occupational Problems
- Panic/Phobias
- Personality Disorders
- Rape/Molestation/Incest
- Reproductive Issues
- Sexual Dysfunction
- Trauma/PTSD
- Other: _____

How did you hear about GAMHPA?

Services Offered

- Anger Management
- Behavior Therapy
- Biofeedback
- Child Custody Evaluation
- Couples Therapy
- Cognitive Therapy
- Critical Incident Debriefing
- Divorce Mediation
- Educational Testing
- Family Therapy
- Forensics/Expert Witness
- Hypnosis
- Inpatient
- Medication
- Neuropsychological Testing
- Organizational Consultation
- Play Therapy
- Psychoanalysis/Psychodynamic Therapy
- Religious Issues
- Sex Therapy
- Stress Management
- Other: _____
- Other: _____

Funding Accepted

- Aetna
- Blue Cross
- Blue Shield
- CHAMPUS/Tricare
- Cigna
- Healthnet
- Managed Health Network
- Medi-Cal
- Medicare
- Magellan
- Motion Picture
- PacifiCare
- United Health, UBH, UBHPC
- Value Options
- Victim Witness
- Worker's Compensation
- Sliding Scale
- Other: _____
- Other: _____