

**DELTA-STOCKTON CAMFT CHAPTER
20__ MEMBERSHIP APPLICATION**

License/Registered Intern Number

Date

CAMFT Membership Number (*required*) *** **ALL CHAPTER MEMBERS MUST BE MEMBERS OF THE STATE CAMFT**

First Name

Middle Initial

Last Name

Business Address, City, State, Zip Code

Check if mailing address

Business Phone

Business Fax Number

Business E-Mail Address

Home Address, City, State, Zip Code

Check if mailing address

Home Phone

Home Fax Number

Home E-Mail Address

Home Address, Phone Number and E-Mail will not be shared with the public.

DUES (paid annually)

Clinical Member: \$50. One-year membership for a California licensed Marriage and Family Therapist.

Prelicensed Member: \$20. One-year membership for an MFT or MSW registered intern or student enrolled in a degree program leading toward licensure.

Associate Member: \$50. One-year membership for a professional in a related field (LCSW, Psychologist, MD, etc.) Associate Members must also maintain current membership in the state association of CAMFT.

Amount enclosed: \$ _____

Please make check payable to Delta-Stockton CAMFT and send with application to:

Delta-Stockton CAMFT c/o Scott Andrade
2291 W. March Lane, Suite D-200
Stockton, CA 95207

WEBSITE/DIRECTORY INFORMATION

Our chapter maintains a website and directory. *Only your business information will be included.*

To be included, please provide the following information:

Check if you permit your business address/business phone to be included in the chapter directory/website.

Check if you permit your business e-mail included in the chapter directory/website.

Number of years in practice: _____ Special training or recognition: _____

Specialty: _____

Office Hours/Days of Week: _____

Insurance Plans/Networks: _____