



### Membership Type

- Licensed Clinical Therapist
  - Pre-Licensed Intern / Trainee \*
  - Associate Member
- Year First Joined Chapter: \_\_\_\_\_

### License Information

- Therapist License or Intern Registration #: \_\_\_\_\_
- Pre-Licensed Supervisor's Name \*: \_\_\_\_\_
- Pre-Licensed Supervisor's License # \*: \_\_\_\_\_
- Year Started Practice: \_\_\_\_\_ State CAMFT Member ID#: \_\_\_\_\_  
(State Membership Required)

\*Pre-Licensed Members must provide Supervisor's Name and License # to be listed in Find-A-Therapist and Directory.

### Contact Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Degree: \_\_\_\_\_

Company: \_\_\_\_\_

(Check Only One In This Column)

- Mail to Business Address #1
- Mail to Business Address #2
- Mail to Home Address

(Check As Many As Applicable In This Column)

- Include Business Address #1 in Public Website Listing
- Include Business Address #2 in Public Website Listing
- Include Home Address in Public Website Listing

### Business Address #1

Business (Line 1) \_\_\_\_\_

Business (Line 2) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Business Address #2

Business (Line 1) \_\_\_\_\_

Business (Line 2) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### Home Address

Home (Line 1) \_\_\_\_\_

Home (Line 2) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Place a √ next to the information you wish to have included in your public website listing – all other information will be kept confidential.

- Phone 1: \_\_\_\_\_
- Phone 2: \_\_\_\_\_
- E-mail \*\*: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Website: \_\_\_\_\_

\*\*Please provide your email address so we can contact you about chapter updates.

### Specialties (Please circle only four below)

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| 1- ACA, 12 Step & Co-Dependency      | 14- Brief Therapy                          | 27- Family Life Cycle-Crisis        |
| 2- Addictions                        | 15- Career/Work Issues                     | 28- Finances                        |
| 3- Adolescents (13-18)               | 16- Child Abuse                            | 29- Forensic                        |
| 4- Adoption, Divorce & Custody       | 17- Children (12 & Under)                  | 30- Gay & Lesbian                   |
| 5- Adult Abuse Issues                | 18- Chronic Mental and/or Physical Illness | 31- Men's Issues                    |
| 6- Adults Molested as Children       | 19- Cognitive Therapy                      | 32- Mood Disorders                  |
| 7- Aging                             | 20- Couples/Relationships/Family           | 33- Parenting                       |
| 8- AIDS & HIV                        | 21- Cross Culture                          | 34- Pre-marital                     |
| 9- Anger Management                  | 22- Developmentally Disabled               | 35- Religious/Spiritual Orientation |
| 10- Anxiety, Stress, Phobias, PTSD   | 23- Dissociative Disorders                 | 36- Sexual Assault/Rape Issues      |
| 11- Attention Deficit Disorder (ADD) | 24- Divorce Mediation: Mediation Services  | 37- Sexual Dysfunction              |
| 12- Bereavement                      | 25- Domestic Violence                      | 38- Somatic Illness                 |
| 13- Body-Mind Integration            | 26- Eating Disorders                       | 39- Women's Issues                  |



**Certifications/Specialized Training**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AAMFT Supervisor Certification      | <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Pastoral Counseling             |
| <input type="checkbox"/> Addictions                          | <input type="checkbox"/> Eating Disorders                    | <input type="checkbox"/> Play Therapy                    |
| <input type="checkbox"/> Anger Management                    | <input type="checkbox"/> EMDR                                | <input type="checkbox"/> PPS – School Counseling         |
| <input type="checkbox"/> Animal Assisted Therapy             | <input type="checkbox"/> Emotionally-Focused Couples Therapy | <input type="checkbox"/> Pre and Perinatal Psychotherapy |
| <input type="checkbox"/> Art Therapy                         | <input type="checkbox"/> Group Therapy                       | <input type="checkbox"/> Psychoneurobiological           |
| <input type="checkbox"/> Bioenergetic Analysis               | <input type="checkbox"/> Hypnosis                            | <input type="checkbox"/> Regression Therapy              |
| <input type="checkbox"/> Biofeedback                         | <input type="checkbox"/> Imagery Energy Release              | <input type="checkbox"/> Sand Tray Therapy               |
| <input type="checkbox"/> Board Certified Educational Therapy | <input type="checkbox"/> Integrative Body-Mind               | <input type="checkbox"/> Sex Therapist                   |
| <input type="checkbox"/> CAMFT Supervisor Certification      | <input type="checkbox"/> Integrative Body Psychotherapy      | <input type="checkbox"/> Somatic Experiencing            |
| <input type="checkbox"/> Cognitive-Behavioral                | <input type="checkbox"/> Interactive Guided Imagery          | <input type="checkbox"/> Trauma/Dissociation             |
| <input type="checkbox"/> Collaborative Divorce Coaching      | <input type="checkbox"/> Mediation                           | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Couple Communication                | <input type="checkbox"/> Neurofeedback                       | _____  |
| <input type="checkbox"/> Critical Incident Stress Debriefing | <input type="checkbox"/> Parent Effectiveness Training (PET) | _____  |
| <input type="checkbox"/> Divorce Mediation                   |  |  |

**Insurances You Accept**

- |   |   |
|---|---|
| <input type="checkbox"/> None                     | <input type="checkbox"/> Kaiser                   |
| <input type="checkbox"/> Sliding Scale            | <input type="checkbox"/> PacifiCare               |
| <input type="checkbox"/> Superbill/Out-of-Network | <input type="checkbox"/> PPO                      |
| <input type="checkbox"/> Reimbursement            | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Aetna                    | <input type="checkbox"/> Value Options            |
| <input type="checkbox"/> Blue Cross               | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Blue Shield              | _____   |
| <input type="checkbox"/> CIGNA                    | _____   |
| <input type="checkbox"/> Health Net               | _____   |

**Groups You Provide In Your Practice**

- |   |  |
|---|--|
| <input type="checkbox"/> Abuse            | <input type="checkbox"/> Grief/Loss        |
| <input type="checkbox"/> Addictions       | <input type="checkbox"/> Men’s Issues      |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Parenting         |
| <input type="checkbox"/> Anxiety/Stress   | <input type="checkbox"/> Relationships     |
| <input type="checkbox"/> Children         | <input type="checkbox"/> Teens/Adolescents |
| <input type="checkbox"/> Couples          | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Women’s Issues    |
| <input type="checkbox"/> Divorce          | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Eating Disorders | _____                                      |

**Languages You Use In Your Practice**

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> English (Default) | <input type="checkbox"/> Hebrew     | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Arabic            | <input type="checkbox"/> Hindi      | <input type="checkbox"/> Spanish       |
| <input type="checkbox"/> Armenian          | <input type="checkbox"/> Hungarian  | <input type="checkbox"/> Swedish       |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Italian    | <input type="checkbox"/> Tagalog       |
| <input type="checkbox"/> Farsi             | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Thai          |
| <input type="checkbox"/> Finnish           | <input type="checkbox"/> Korean     | <input type="checkbox"/> Vietnamese    |
| <input type="checkbox"/> French            | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other         |
| <input type="checkbox"/> German            | <input type="checkbox"/> Russian    | _____                                  |

**Your Gender & Ethnicity**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> African-American               |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian/Pacific Islander         |
|                                 | <input type="checkbox"/> Caucasian/White (non-Hispanic) |
|                                 | <input type="checkbox"/> Latino/Hispanic                |
|                                 | <input type="checkbox"/> Middle Eastern                 |
|                                 | <input type="checkbox"/> Native American                |
|                                 | <input type="checkbox"/> Other                          |

**Calendar Year**

The LB-SB CAMFT membership year runs from July 1<sup>st</sup> – June 30<sup>th</sup>. All memberships expire on June 30<sup>th</sup> unless member joins/renews between May 1 – June 30. Membership must be renewed annually. All memberships are due by July 1<sup>st</sup> to be included in the directory.

Renewing 5/1 – 12/31 = Full Price  
 Renewing 1/1 – 04/30 = 50% Discount

**Payment**

- \$70 Clinical or Associate Membership
- \$35 Pre-Licensed Membership
- 50% Discount for Memberships between 1/1-4/30
- \$0 Enhanced Webpage
- Payment made by (check appropriate box):
  - Credit card/Paypal
  - Check
  - Previously paid on \_\_\_\_\_(date)

**“Enhanced Webpage” Features**

- Your photograph & 150-word bio
- Eligibility for Featured Therapist of the Month on Chapter Website Homepage

\_\_\_\_\_  
 Signature/Date

**To Pay By Check:**

Submit application online and mail check payable to:  
**Long Beach – South Bay CAMFT**  
 c/o Yasuko Mikajiri, VP Membership  
 525 E. Seaside Way, Suite 903  
 Long Beach, CA 90802  
 (562-436-3205, [yasco@verizon.net](mailto:yasco@verizon.net))

**Chapter Committee Involvement**

We invite you to participate with the Chapter in helping us to grow and be effective in the community. Please check the committee that you are most interested in assisting:

- |   |  |
|---|--|
| <input type="checkbox"/> Bylaws         | <input type="checkbox"/> Marketing       |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership      |
| <input type="checkbox"/> Directory      | <input type="checkbox"/> Pre-Licensed    |
| <input type="checkbox"/> E-Newsletter   | <input type="checkbox"/> Programs        |
| <input type="checkbox"/> Hospitality    | <input type="checkbox"/> Speakers Bureau |
| <input type="checkbox"/> Legislative    | <input type="checkbox"/> Website         |

**Office Use Only**

Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Chk #: \_\_\_\_\_