



# Membership Application

## 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: \_\_\_\_\_  Cell Phone: \_\_\_\_\_
- Phone 2: \_\_\_\_\_  Fax: \_\_\_\_\_
- E-mail \*\*: \_\_\_\_\_  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

- \$65 Clinical or Associate Membership
- \$30 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

### To Pay By Check:

Submit application online and mail check payable to:  
**Long Beach – South Bay CAMFT**  
 c/o Chris Hiransomboon, VP Membership  
 2110 Artesia Blvd., Suite #B270  
 Redondo Beach, CA 90278  
 (310-365-4643, [chiranso@gmail.com](mailto:chiranso@gmail.com))

### 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 #: \_\_\_\_\_

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