



## **SAN GABRIEL VALLEY CHAPTER**

California Association Of Marriage & Family Therapists

# **2012 Member Application**

**IMPORTANT:** You must be a member of State CAMFT to join the SGV chapter (unless you are an honorary member).

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First Name	Middle Initial	Last Name	Degree	License Type
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**State CAMFT #:** \_\_\_\_\_ **Application will not be process without this number**

- Clinical** (\$60 for 1 year) **License #:** \_\_\_\_\_ Holds a valid license as an MFT
- MFT Intern** (\$30 for 1 year) **IMF#:** \_\_\_\_\_ Engaged in the process of gaining experience towards licensure.
- Associate** (\$60 for 1 year) Licensed professionals related to Marriage and Family Therapy (LCSW's, psychologists, psychiatrists, etc.).
- Student/Pre-Intern** (\$30 per year) **School Name:** \_\_\_\_\_ Must be enrolled Master's or Doctorate program.

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Phone	E-mail Address
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**Mailing Address:**

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Street Address	Unit/Ste.	City	Zip
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### **Updating your online member profile:**

After your application and payment are received and entered into the system, you can update your member profile online at: [www.sgvcamft.org/member-profile-instructions](http://www.sgvcamft.org/member-profile-instructions) For instructions, go to *Existing & New Members: Accessing your profile for the first time.*

**If you want to be included in the online Therapist Directory**, click yes to "Show My Profile In Therapist Directory".

***If you have any questions, contact us at: 877-302-5904 or SGVCAMFT@ureach.com***

**Member Agreement:** I agree to follow the policies, procedures and code of ethics of the profession used by the SGV Chapter, which abides by CAMFT standards. I understand that it is my responsibility to notify SGV Chapter's Membership Chair regarding any modifications or changes to the information that I supplied on this application.

Signature

Date

**Please complete the application with your check made out to SGVCAMFT and mail it to:**

**San Gabriel Valley CAMFT c/o John Pio, 444 E. Huntington Drive, Suite 333, Arcadia CA 91006**