



North Coast Association of Mental Health Professionals

P.O. Box 5363 • Eureka CA 95502 • (707) 441-3832

Please Check Your Membership Status: New Member _____ Renewing Member _____

Licensed Clinical Member *\$155.00 per year (\$5.00 discount for cash or check)

Psychiatrist ___ Psychologist ___ LCSW ___ LMFT ___ LPCC ___ School Psychologist ___ LEP ___ Other ___

Member holds a current license including psychiatrists, psychologists, social workers, marriage and family therapists, professional clinical counselors, and school psychologists. A licensed clinical member has full membership benefits, including the right to their own profile in the online directory and in the Redbook. They can access the listserv without supervision.

Associate Member *\$105.00 per year (\$5.00 discount for cash or check)

Registered Psychologist ___ ASW ___ AMFT ___ APCC ___ Other ___

Members who have graduated with a Master's or Doctorate degree in psychology related fields and are pursuing licensure. An associate member has full membership benefits, but must list their supervisor on their application, profile, and the listserv. They do have their own profile in the directory and in the Redbook.

Associate members, if currently practicing, are required to list their supervisor: _____

Agency Member *\$255.00 per year (\$5.00 discount for cash or check) Agency Member _____

Agencies will be listed singly on the website and in our directory. The Agency membership includes 5 designated non-voting members who may participate in NCAMHP activities, and one designated voting member. Duplicate this form for all five agency members, indicate a designated contact person (frequently updates agency website listing, forwards info, etc.) and send all forms together. The Agency has a profile, and designated members may access the listserv, but they do not have their own profile in the online directory or the Redbook.

Affiliate Member *\$95.00 per year (\$5.00 discount for cash or check) Affiliate Member _____

Members may be health professionals with an interest in and appreciation for the mental health needs of their patients/clients and consumers, and have an interest in supporting the association. Affiliate members may be, but are not limited to, certified paraprofessionals, masters level professionals not pursuing licensure, members of allied professions, or non-licensed professionals. An interested person will need to bring a written recommendation for Affiliate membership from a Licensed Clinical Member or Associate Member and be approved by the Board of Directors. They can access the listserv, but do not have their own online profile or Redbook profile.

Student Member \$25.00 per year Student Member _____

Members who are enrolled in graduate, undergraduate, or high school are eligible to attend the General Meetings and to receive discounts for trainings. Student members do not have their own online profile or Redbook profile and may not access the listserv.

Emeritus Membership \$50.00 per year Emeritus Member _____

Retired licensed member of the Association. Emeritus members have a limited profile in the online directory and in the Redbook. They do have access to the listserv.

As a member of the North Coast Association of Mental Health Professionals, I hereby agree to uphold the Articles and Bylaws of this Association (posted on website), as well as the ethical and professional standards of my discipline and/or of CAMFT, NASW, and/or from APA. I also testify that I am a person of good standing in the community and not currently under judgment for illegal, unethical, or unprofessional conduct. I declare that I understand and meet the qualification for membership as checked above and agree to receive emails from the Association.

Please indicate interests in volunteering for:

- ___ Board of Directors
- ___ Education Committee
- ___ Outreach Committee
- ___ Website Committee

Signature _____

Date _____

Name (Printed) _____

Degree / Title _____

License/Registration Number _____

Professional Mailing Address _____

Telephone Number _____

Fax Number _____

Email Address _____

Access to the listserv is a benefit of being in NCAMHP. **To opt out of the listserv, please check here:** _____

NCAMHP publishes a print directory of its members (aka Redbook) which is given to many agencies, doctors, and lawyers in Humboldt County. **To opt-out of receiving your copy of the Redbook, please check here:** _____. (You can still be in it.)

Check here if you have volunteered with NCAMHP for a year or more and would like to be considered for a fee waiver: _____.

Please list your volunteer service on the back of this application.

For Office Use Only Committee Contacted _____ New Member Contacted _____ REV:061823CKE