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**MEMBERSHIP CATEGORIES – Appendix 100-D**

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SCV-CAMFT has a number of membership categories, please choose from the below options. You must be a member of CAMFT to join SCV-CAMFT at any of the Prelicensed or Licensed membership levels.

**PRELICENSED – Annual dues \$40.00**

For Student and Intern Members of CAMFT.

**SUPPORTING PRELICENSED – Annual dues \$70.00**

For Student and Intern Members of CAMFT. Your \$30.00 donation helps support SCV-CAMFT, and in appreciation you may audit\* for free any number of SCV-CAMFT luncheons throughout your membership year.

*\*One of the benefits of being a member of SCV-CAMFT is access to speaker luncheons where leaders in our and related fields share their knowledge. Auditing a luncheon means that you attend the presentation, but do not eat a meal (no outside food or beverages are allowed). You may receive proof of attendance towards your workshop/training hours for your MFT license upon request.*

**REGULAR LICENSED – Annual dues \$70.00**

For Licensed Marriage and Family Therapists who are also Clinical Members of CAMFT.

**ASSOCIATE LICENSED – Annual dues \$70.00**

For all other Licensed Persons/Associate Members of CAMFT. This membership level includes LCSWs, ASWs, Psychologists and Educational Psychologists.

**SUPPORTING LICENSED – Annual dues \$90.00**

For **any** Licensed Members of CAMFT. Your \$20.00 donation helps support SCV-CAMFT, and in appreciation you are entitled to receive up to nine Continuing Education Units (CEUs) free of charge during your membership year by attending any SCV-CAMFT events. (Nine CEUs are equivalent to six luncheon presentations.)

**SUSTAINING LICENSED – Annual dues \$110.00**

For **any** Licensed Members of CAMFT. Your \$40.00 donation helps support SCV-CAMFT, and in appreciation you will receive a free printed copy of the membership directory once per year, and up to nine CEUs during your membership year are free of charge.

**SPONSOR LICENSED – Annual dues \$135.00**

For **any** Licensed Members of CAMFT. Your \$65.00 donation helps support SCV-CAMFT, and in appreciation you will receive a free printed copy of the membership directory once per year, and may choose either a free Expanded Web Listing on the chapter's Website ([www.scv-camft.org](http://www.scv-camft.org)) or two free 1/4-page display advertisements in SCV-CAMFT News (the chapter's bi-monthly newsletter) during your membership year.

**INSTITUTIONAL – Annual dues \$100.00**

For organizations such as schools and agencies.

**INACTIVE – Annual dues \$40.00**

For Inactive Members of CAMFT and the Board of Behavioral Science (BBS).



**SANTA CLARA VALLEY CHAPTER**  
*California Association of Marriage and Family Therapists*

P.O. Box 60814 • Palo Alto, CA 94306-0814 • 408/235-0210 • mail@scv-camft.org

**NEW MEMBER APPLICATION**

**CHAPTER POLICY WITH REGARD TO MEMBERSHIP INFORMATION**

The information you furnish will be published in SCV-CAMFT's membership directory and on the chapter's Website unless you specify otherwise in this section. You may provide your home address for mailing purposes but omit it from the directory and the Website. The chapter makes its mailing list available for a fee only to our members and other local mental health professionals for professional activities, i.e., announcing workshops, professional services, etc.

**1) Please send personal mail to my:**     Home     Office One     Office Two

*For prelicensed individuals, please use an address where we can contact you for our mailings in case you change agency offices. We recommend you get a PO Box, so that the general public does not have your home location.*

**In the chapter membership directory, and on the chapter's Website, for referral purposes and the public:**

**2) Please list this/these address(es):**     Home     Office One     Office Two     None

**3) Please list these phone numbers:**     Home     Office One     Office Two     None

**4) Please list my e-mail address:**     Personal     Business     None

**5) Please list my business Website:**     Yes     No

**PERSONAL DATA**

**6) Salutation (Optional):**     None     Mr.     Mrs.     Ms.     Dr.     Other: \_\_\_\_\_

**7) Gender:**     Male     Female     Other

**8) Name:**    First: \_\_\_\_\_    Last: \_\_\_\_\_

**PERSONAL CONTACT INFORMATION**

Used only for SCV-CAMFT business unless you indicated otherwise in questions 1 through 5 above.

**9) Home/PO Box Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip Code:** \_\_\_\_\_

**10) Home Phone:** \_\_\_\_\_    **11) Home Fax:** \_\_\_\_\_

**12) Personal E-mail:** \_\_\_\_\_

**PROFESSIONAL CONTACT INFORMATION**

**13) Office One Information:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Fax:** \_\_\_\_\_

**Disabled Access:**     Yes     No

**14) Office Two Information:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **State:** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Fax:** \_\_\_\_\_

**Disabled Access:**     Yes     No

**PROFESSIONAL CONTACT INFORMATION (CONT'D)**

**15) Business E-mail:** \_\_\_\_\_

**16) Business Website:** \_\_\_\_\_

**MEMBERSHIP INFORMATION**

**17) CAMFT ID Number:** \_\_\_\_\_

**18) BBS Category:**     Licensed     Registered Intern     Trainee     N/A

**19) BBS License/Registration No.:** \_\_\_\_\_    **20) Year Licensed:** \_\_\_\_\_

**21) If Intern, Supervisor's Name & License Number:** \_\_\_\_\_

**22) Membership Category:** \_\_\_\_\_    **23) Membership Expires:** (N/A For New Applicants)

*See attached sheet for different categories of SCV-CAMFT membership and their corresponding benefits.*

**WEBSITE LISTING INFORMATION**

A service offered by SCV-CAMFT is the opportunity for chapter members to participate in the *Therapist Search* feature of our Website ([www.scv-camft.org](http://www.scv-camft.org)). This allows the general public to find a therapist in a specific geographical area or who offers particular services to meet a client's individual needs. In addition, the public is now able to enter a therapist's name and receive information about the therapist if he or she is participating in the chapter's Website.

All chapter members have a choice of signing up for either a free Basic Listing, or for the Expanded Listing, which costs \$100 per year. Either listing allows a member to list his or her name, e-mail address, Website address, one or two office addresses, phone and fax numbers, handicapped access, languages spoken, and the areas of clinical interest you'd like included in the *Therapist Search* feature. Those who opt for the expanded service will be entitled to a personal Web page on the chapter's Website, which can include a photo and up to 600 words of text describing your practice, as well as the ability to link directly to your e-mail and your own personal Website.

**24) Desired Website Listing:**     Basic     Expanded

*If you choose an Expanded Listing, you can upload a photo or business logo in JPEG format and up to 600 words of text directly from your membership profile on the chapter's Website. Once your payment is received and your Expanded Listing is approved, it will instantly become available for members and the public searching for therapists using [www.scv-camft.org](http://www.scv-camft.org). You may submit your photo and text to the chapter to create your Expanded Listing profile on your behalf for an additional fee of \$35.00.*

**25) Website Areas of Clinical Interest (Mark with an "X" the 10 that most apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anger                               | <input type="checkbox"/> EMDR                        | <input type="checkbox"/> Panic attacks         |
| <input type="checkbox"/> Anxiety                             | <input type="checkbox"/> Emotional stress            | <input type="checkbox"/> Parenting             |
| <input type="checkbox"/> Child behavior problems             | <input type="checkbox"/> Family conflict & tension   | <input type="checkbox"/> Phobias               |
| <input type="checkbox"/> Chronic or life-threatening illness | <input type="checkbox"/> Fatigue                     | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Conflicts with co-workers           | <input type="checkbox"/> Gay & Lesbian relationships | <input type="checkbox"/> School problems       |
| <input type="checkbox"/> Couples therapy                     | <input type="checkbox"/> Grief                       | <input type="checkbox"/> Sexual abuse          |
| <input type="checkbox"/> Depression                          | <input type="checkbox"/> Guilt                       | <input type="checkbox"/> Sexual issues         |
| <input type="checkbox"/> Difficulty coping with change       | <input type="checkbox"/> Life transitions            | <input type="checkbox"/> Suicide               |
| <input type="checkbox"/> Divorce & separation                | <input type="checkbox"/> Loneliness & isolation      | <input type="checkbox"/> Teenagers             |
| <input type="checkbox"/> Domestic violence                   | <input type="checkbox"/> Low self-esteem             | <input type="checkbox"/> Trauma                |
| <input type="checkbox"/> Drugs & alcohol                     | <input type="checkbox"/> Marriage approaching        | <input type="checkbox"/> Unexplained injuries  |
| <input type="checkbox"/> Eating problems                     | <input type="checkbox"/> Moodiness                   | <input type="checkbox"/> to family members     |

**EDUCATIONAL INFORMATION**

**26) Degrees (list most recent first):**

Degree One:	School Name:	Year:
_____	_____	_____
Degree Two:	School Name:	Year:
_____	_____	_____
Degree Three:	School Name:	Year:
_____	_____	_____

**27) School Prelicensend Member Is Attending (if applicable):** \_\_\_\_\_

**28) Certifications:**

Name of Certificate:	Name of Certifying Institution:	Date:
_____	_____	_____
Name of Certificate:	Name of Certifying Institution:	Date:
_____	_____	_____
Name of Certificate:	Name of Certifying Institution:	Date:
_____	_____	_____

**ADDITIONAL INFORMATION**

**29) Names of Insurance Panels Contracted With:**

\_\_\_\_\_

**30) Areas of Therapeutic Emphasis (For Licensed Therapists Only) (Circle up to 3 from the list below):**

- |                                    |  |                                |
|------------------------------------|--|--------------------------------|
| 1 Addictive Behaviors              | 9 Cross Cultural Issues                      | 16 Prepare interns for MFT     |
| 2 Adolescents                      | <i>(Specify cultures)</i>                    | examinations                   |
| 3 Anxiety, Panic Attacks & Phobias | 10 Divorce & Custody Mediation               | 17 Provide consultation &      |
| 4 Behavior Assessment & Testing    | 11 Domestic Violence <i>(Specify</i>         | supervision                    |
| 5 Chemical Dependency              | <i>Victims, Abusers, or Both)</i>            | 18 Reproductive Issues         |
| 6 Children                         | 12 Eating Disorders                          | 19 Sex Therapy                 |
| 7 Chronic Illness or               | 13 Gay & Lesbian Issues                      | 20 The Elderly                 |
| Physical Disability                | 14 General Practice                          | 21 Vocational or Career Issues |
| 8 Combat Veterans                  | 15 Groups <i>(Specify up to three topics</i> |                                |
|                                    | <i>and/or populations)</i>                   |                                |

**31) Language Fluency (Other than English):**

\_\_\_\_\_

\_\_\_\_\_

**32) Personal Statement (For Licensed Therapists Only) (20 words or less):**

\_\_\_\_\_

\_\_\_\_\_

