SGV-CAMFT Member Application (Printable) IMPORTANT: You must be a member of State CAMFT to join the SGV-CAMFT chapter (unless you are an honorary member). Type Your Name * First Name State CAMFT #: Affiliate and Student Applicants Please Leave Blank Checkbox* Clinical Prelicensed MFT Affiliate Student Please enter license/school information in appropriate section below Clinical (\$60 for One Year) — Enter License Number Holds a valid license as an MFT Prelicensed MFT (\$30 for One Year) — Enter IMF Number Engaged in the process of gaining experience towards licensure Affiliate (\$60 for One Year) — Enter Designation Licensed professionals related to Marriage and Family Therapy (LOSWs, Psychologists, Psychiatrists, etc.) Student (\$30 for One Year) — Enter School Name Must be enrolled Master's or Doctorate program Phone Number* Enterphone number Email Address* Enter email address Mailing Address* Address Line 1 Address Line 2 City Updating your online member profile: After your application and payment are received and entered into the system, you can find instructions on how to update your member profile online at: www.sgvcamft.org/member-profile-instructions. 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 info@sgvcamft.org. Member Agreement: I agree to follow the policies, procedures and code of ethics of the profession used by the SGV-CAMFT Chapter, which abides by CAMFT standards. I understand that it is my responsibility to notify SGV-CAMFT Chapter's Membership Chair regarding any modifications or changes to the information that I supplied on this application. Signature* dear Please sign and date your application Date* **‡ ‡** 111

Please complete the application with your check payable to SGV-CAMFT and mail it to: San Gabriel Valley CAMFT c/o Membership Chair, 211 S Primrose Ave, Monrovia, CA 91016.