

East Bay Chapter California Association of Marriage and Family Therapists

EBCAMFT PO Box 6278 Albany, CA 94706 www.eastbaytherapist.org admin@ebcamft.org Tel: 510.692-9936

Please note, the East Bay Chapter of CAMFT and the State organization of CAMFT are two separate, but related, organizations. You may join CAMFT without joining the Chapter. To belong to the East Bay Chapter, you must also belong to CAMFT. A separate application and fee is required for each organization.

To join the Chapter:

1. Please complete and return this application, along with a check (pay to EB-CAMFT) for your chapter dues. Mail to EB-CAMFT at the address above

For further information about EB-CAMFT please see our website: www.eastbaytherapist.org

2. If you are not already a member of CAMFT, also complete and return the CAMFT application along with a separate check for the State level dues.

Mail to: CAMFT, 7901 Raytheon Road; San Diego, CA 92111.

For further information about CAMFT, telephone 858.292.2638 or go to the CAMFT website at: w	ww.camft.org
Please check one: ☐ New Member Application ☐ Renewal/Update Member Application	
General Information (For Office Records): Mr./Ms./Mrs./Dr. (Circle One) Name:	
(First / Middle / Last)	
Mailing Address:	
City: State: Zip:	
Home/Cell Number:	
Office Number:	
Email address:@	_
Personal/Business Website:	
Membership Mailing Labels: □ Opt-Out The Chapter offers membership labels for purchase by CAMFT members only. Please check opt you want your name removed from the list of mailing labels.	-out if
Highest Degree Earned:	
Type of License and #:	

Certifications:
Foreign Languages (please list all languages):
CAMFT Membership #: Not a CAMFT member □
Required for Interns: Name of your supervisor:
Type and license # of you supervisor:
Required for Students: Name of School: Name of Graduate Program:
E-Tree (members only email discussion list) participation (No Additional Fee): \Box Yes \Box No
E-Mail messages sent: □ Individual □ Daily Digest □ Both
East Bay Chapter Therapist Finder (TF) and Membership Directory Listings (MD) ☐ TF: Available to Licensed Professionals and Interns Only; accessible by the public. ☐ MD: Available to all Chapter Members; Accessible only by Chapter Members.
Check the appropriate boxes for which address(es) and phone numbers (s) will appear online:
 □ TF □ MD Location #1 (Same contact information in General Information Section) □ TF □ MD Location #2 (Alternative or Additional Contact Information):
Address:
City: State: Zip:
Telephone Number:
☐ TF☐ MD Location #3 (Additional Contact Information) :
Address:
City: State: Zip:
Telephone Number:
Due to the limited space on the application, we are unable to list all the options for Practice Specializations Theoretical Orientations, Insurance panels, and Group Therapy.

You will be able to review and modify all of these entries online after you receive your login password. If you would like to add an entry that is not already online, please email admin@ebcamft.org

Temporary Online Home Page Information:

when your application has been approved, please change your log-in and password.			
Membership Category and I Please note: Annual dues are for the	Membership Dues: e 12 month period starting from the month of enrollment.		
Membership Category	Membership Dues and Benefits	Total	
Clinical (Licensed MFT+ CAMFT Member)	\$60 Membership Fee Access to all Member Privileges		
Intern (MFT Intern + CAMFT Member)	\$35 Membership Fee Access to all Member Privileges		
Student (Currently enrolled in a postgraduate program +CAMFT Member)	\$35 Membership Fee Access to all Member Privileges except TF		
Associate (Associate Member of CAMFT)	\$50 Membership Fee Access to all Membership Privileges except Voting and Holding Office.		
Please select additional features	that apply		
Basic TF Listing	Do you want to be included in the online EB-CAMFT Therapist Finder (TF)? (No Fee)	☐ Yes ☐ No	
Featured/Expanded TF Listing	\$30 Fee Do you want an expanded listing the online EB-CAMFT TF? Expanded listings include: in-depth practice description and/or photo: priority placement in EB-CAMFT TF searches. You may e-mail your statement and photo to our Web Manager at contact@eastbavtherapist.org, or enter this information online by yourself after your application has been approved.		
Late Fee	\$10		
Additional Donation to Support the Chapter	\$		

Log-In username: _____ Password: _____

IMPORTANT NOTICE:

On Nov 1st, 2015, EBCAMFT began moving to electronic voting. By not responding to this message, you are consenting to opt in to electronic voting. If you decide to opt out of electronic voting, and wish to continue to receive a paper ballot, please send an email to the administrator at admin@ebcamft.org.

Agreement

I agree to abide by the ethical standards of the California Association of Marriage and Family Therapists, and by signing this document I declare that all above information is true and correct.

Applicant Signature:	Nate:
Applicant Signature.	Dale.