



**Chico Regional Chapter**  
**California Association of Marriage and Family Therapists**  
[www.chicocamft.com](http://www.chicocamft.com)    [chicocamft@gmail.com](mailto:chicocamft@gmail.com)  
P.O. Box 2070 Chico, CA 95927

**2013-2014**  
**Membership Application Form**

**Requirements for membership include:**

1. Current CAMFT membership (Associate and Agency Members Exempt)
2.
  - a. Current MFT License in good standing, or
  - b. Registered Intern or Trainee status with BBS, or
  - c. Student ID and documentation of major or program

Agency Membership - Provides the following benefits:

- a. Agency listed on the website
- b. Agency licensed employees can be Chico Chapter Members for ½ price (\$20) – each individual must be a State CAMFT member.
- c. Agency pre-licensed employees can be Chico Chapter Members for free if they are State CAMFT members; if they do not belong to State CAMFT they can still enjoy membership rates for meetings etc.

|                             |   |   |  |
|-----------------------------|---|---|--|
| <b>Membership Category:</b> | <input type="checkbox"/> Clinical \$40.00                         | <input type="checkbox"/> Associate: \$40.00                   | <input type="checkbox"/> Agency: \$100                           |
|                             | <input type="checkbox"/> Pre-licensed Registered Interns: \$20.00 | <input type="checkbox"/> Licensed Agency Member Employee \$20 | <input type="checkbox"/> Pre-licensed Agency Member Employee \$0 |
|                             | <input type="checkbox"/> Pre-licensed Students: \$10.00           |   |  |
|                             | <input type="checkbox"/> <b>New</b>                               | <input type="checkbox"/> <b>Renewal</b>                       |  |

**Attention: Most of our communication with members is via email. If you want to receive notifications by regular mail please initial here. \_\_\_\_\_**

**Name or Agency:** \_\_\_\_\_  
Last First

**Mailing Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
City State Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **License or Registration Number:** \_\_\_\_\_

**State CAMFT Member?** Yes \_\_\_\_\_ No \_\_\_\_\_ **CAMFT Membership Number:** \_\_\_\_\_

**Agency Employed by:** \_\_\_\_\_

*Membership dues are based on the academic calendar year. Please make check payable to Chico CAMFT.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Chico Regional Chapter**  
**California Association of Marriage and Family Therapists**  
[www.chicocamft.com](http://www.chicocamft.com)    [chicocamft@gmail.com](mailto:chicocamft@gmail.com)  
P.O. Box 2070 Chico, CA 95927

---

Information for publication on our website and referral directory:

Information will be published exactly as you state it here. DO NOT fill in any information you do not want visible to the public.

**Name:** \_\_\_\_\_  
Last First Degree License

**Office Address:** \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **License or Registration Number:** \_\_\_\_\_

**Populations Treated:**  Adolescents  Adults  Children  Couples  Families  Groups

**Accept Insurance:** Yes \_\_\_ No \_\_\_ **List Specialties/Modalities (limit 5):**  
\_\_\_\_\_  
\_\_\_\_\_

Include a short blurb about your practice/work/agency: (you may also email this to: [chicocamft@gmail.com](mailto:chicocamft@gmail.com))  
(for examples look online at [www.chicocamft.com](http://www.chicocamft.com))

---

---

---

---

---

---

---

---

---

---

---

You may send a picture to: [chicocamft@gmail.com](mailto:chicocamft@gmail.com)

I approve all of the above information for publication in any media form.

\_\_\_\_\_  
Signature Date