



California Association of Marriage and Family Therapists

www.santabarbaratherapy.org

Santa Barbara Chapter Membership Application

FIRST TIME APPLICANT RENEWAL MEMBERSHIP

If your information has not changed, simply write your name on this form and enclose your check.

Membership In State CAMFT is Required for Santa Barbara Chapter Membership
If not currently a member, please telephone CAMFT at (888) 892-2638 to request an application.

- I am a CAMFT member in good standing. My state member number is _____
 I am not currently a CAMFT member. I am in the process of applying.

Member Directory Listing & Referral Resource Information

(please type or print)

IMPORTANT: For each location below, please check if you would like the information to be listed in the **online therapist directory (TD)**, which is accessible to the public, and the **online members directory (MD)**, which can only be accessed by members of SB CAMFT. If you are using your home address for billing, simply include it as a location, check the billing address box, and leave the other boxes unchecked. **Anything left unchecked will not be listed.**

Name and Title: _____ TD MD Gender: M F include in: TD MD

email: _____ TD MD website: _____ TD MD

Location One: _____ City: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ TD MD this is my billing address

Location Two: _____ City: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ TD MD this is my billing address

Location Three: _____ City: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ TD MD this is my billing address

Member Classification

- Clinical Membership \$75.00* MFTs Only - License # _____
- Pre-Licensed Membership \$30.00* - IMF Intern # _____
- Student Membership \$25.00* School _____ Graduation Date _____
- Associate Membership \$75.00* Profession _____ License # _____
- Affiliate Membership** \$75.00 Profession _____

* Annual membership includes CEU's for all Chapter luncheons.

** Affiliate membership is for non-mental health workers. Membership in State CAMFT is not required.

E-Tree

The E-Tree is an email mailing list, it keeps member informed on what is happening in the organization. You **will** automatically receive these messages as a member of SB CAMFT, unless you would prefer not to.

- I would NOT like to receive E-Tree emails.

Education

1. Degree Obtained _____ Year _____

Name of Educational Institution _____

2. Degree Obtained _____ Year _____

Name of Educational Institution _____

Insurance

List up to 4 insurance Companies for which you are a provider

Theoretical Preferences

Check up to 5 preferences.

- | | | |
|---|---|--|
| <input type="checkbox"/> Cognitive Behavioral | <input type="checkbox"/> Jungian | <input type="checkbox"/> Rogerian |
| <input type="checkbox"/> Depth Psychology | <input type="checkbox"/> Multimodality | <input type="checkbox"/> Thought Field |
| <input type="checkbox"/> Existential | <input type="checkbox"/> Narrative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Systems | <input type="checkbox"/> Object Relations | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gestalt | <input type="checkbox"/> Rational Emotive | <input type="checkbox"/> Other: _____ |

Directory Information & Specialities

Check up to **5 Specialities** that are based on adequate education, training and experience.

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD / Learning Disabilities
<input type="checkbox"/> Adolescents / Teens
<input type="checkbox"/> Adoption / Infertility
<input type="checkbox"/> Adult Children of Alcoholics
<input type="checkbox"/> Alzheimer's, Families of
<input type="checkbox"/> Anger Management
<input type="checkbox"/> Anxiety / Phobic Disorders
<input type="checkbox"/> Bereavement / Grief Issues
<input type="checkbox"/> Bipolar
<input type="checkbox"/> Brief Therapy
<input type="checkbox"/> Career Counseling
<input type="checkbox"/> Child Abuse / Perpetrators
<input type="checkbox"/> Child Abuse / Victims
<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Clinical Supervision
<input type="checkbox"/> Coaching
<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Children
<input type="checkbox"/> Christian Counseling | <input type="checkbox"/> Codependency
<input type="checkbox"/> Couples
<input type="checkbox"/> Custody Evaluation
<input type="checkbox"/> Depression
<input type="checkbox"/> Developmental Disabilities
<input type="checkbox"/> Disaster Response Counseling
<input type="checkbox"/> Dissociative Disorders
<input type="checkbox"/> Divorce / Mediation
<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> Dream Work
<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Elder Issues
<input type="checkbox"/> EMDR
<input type="checkbox"/> Families
<input type="checkbox"/> Families of Mentally Ill
<input type="checkbox"/> Gay / Lesbian Issues
<input type="checkbox"/> Gender Identity
<input type="checkbox"/> HIV / AIDS
<input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> Life Transitions
<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Midlife Issues
<input type="checkbox"/> Multicultural
<input type="checkbox"/> OCD
<input type="checkbox"/> Parenting
<input type="checkbox"/> Personality Disorders
<input type="checkbox"/> Pet Bereavement
<input type="checkbox"/> Physically Challenged
<input type="checkbox"/> Post Traumatic Stress Disorder
<input type="checkbox"/> Sexual Issues
<input type="checkbox"/> Sexual Abuse / Rape
<input type="checkbox"/> Spiritual Issues
<input type="checkbox"/> Step Families
<input type="checkbox"/> Stress Management
<input type="checkbox"/> Substance Abuse / Recovery
<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|--|--|---|

Do you speak another language, or languages? _____

Service Interests

Please check any position you may be interested in now or in the future.
 Please email info@santabarbaratherapy.org with any questions about board member positions
 or others ways to get involved.

Board member positions:

- Treasurer
- Advertising
- CEU Rep.
- Membership
- Pre-Licensed Rep.
- Technology
- Programs
- Secretary
- Public Awareness
- Disaster Response
- Newsletter
- Political Action
- Members at Large (this is a general position
that helps out where needed)

Other ways to help:

- Chapter Meetings: check in
- Computer Assistance
- Pre-Licensed Representative support / help
- Special Projects
- Crisis Intervention Services in Community
- Other _____
- _____
- _____
- _____

Make your check payable to Santa Barbara CAMFT and mail to:

SB CAMFT
 PO Box 91608
 Santa Barbara, CA. 93190-1608

Membership Questions: Contact Marisa Huston marisahuston@gmail.com