



Ventura County Chapter - CAMFT Annual Membership Application and Renewal

www.vc-camft.org

Signature on Application Required

PLEASE TYPE OR PRINT CLEARLY. MARK ALL SPACES ON BOTH SIDES.

- Renewal Membership
- New or lapsed membership

Please Mail Application to:

Membership categories:

Is this a change in *status* from last year? YES NO

VC-CAMFT

ATTN: Membership Chair

Cheryl Beatrice, MS, LMFT

5021 Verdugo Way, #105-218

Camarillo, CA 93012

- | | | |
|---|--------------|---------|
| <input type="checkbox"/> CLINICAL MEMBERSHIP CA Licensed MFT | DUES: | \$60.00 |
| <input type="checkbox"/> PRELICENSED MEMBERSHIP | | \$35.00 |
| <input type="checkbox"/> RELATED PROFESSIONALS MEMBERSHIP
(non-MFT licensure) | | \$45.00 |
| <input type="checkbox"/> RESOURCE GUIDE STATEMENT Optional fee for
Individual Statements (not avail. After DEC 15) | | \$10.00 |
| TOTAL | | \$_____ |

NOTE: Membership is for one calendar year from January through December

Applications posted before December 15th will be included in the Resource Guide.

Please make checks payable to: **VENTURA COUNTY CAMFT** or **VC-CAMFT**

Questions: Contact Cheryl Beatrice: 805-208-1256 or CherylBeatriceMFT@gmail.com

Receive VC-CAMFT Newsletter by: US Mail or Email

Name _____
LAST FIRST MIDDLE INITIAL SUFFIX (MA, PhD, PsyD)

Public Address: **This information will appear in the Resource Guide and on the Website**

Address: _____ Phone #: _____
 _____ Cell#: _____
 _____ Fax#: _____
 Website: _____ Email: _____

Membership in State CAMFT is required for Ventura County Chapter membership.

Member of State CAMFT: Yes No

State CAMFT Membership # (required) _____

MFT License # _____

Degree: _____

MFT Intern # _____

AREAS OF EMPHASIS*

**Clinical members only!*

You may select up to three (3) areas of emphasis for publication. If more than three areas of emphasis are chosen, the applicant understands that the printer may use their own discretion in limiting your choices to three.

<input type="checkbox"/> Addictive Disorders – Includes chemical dependency, eating disorders, impulse control problems (i.e., sexual addiction, workaholics, Internet, gambling, porn, etc)	<input type="checkbox"/> Relationship Issues – Includes couples/partner therapy, premarital, marital and post marital therapy, remarriage, divorce recovery, mediation, issues of sexual orientation, sex therapy, family therapy, blended family issues.
<input type="checkbox"/> Child And Adolescent – Includes play therapy, assessment and testing, school issues, learning difficulties and developmental delays, ADHD treatment, behavioral disorders, mother-infant therapy, parent education, adoption, infertility	<input type="checkbox"/> Gerontology/Life Span Issues – includes caretakers of elderly, Alzheimer’s care, premenopausal and menopausal issues, mid-life crisis issues, life span issues, dementia, chronic illness, loss and grief therapy.
<input type="checkbox"/> Mood And Anxiety - Includes depression, dysthymia, anxiety disorders (i.e. panic attacks, social and other phobias, obsessive/compulsive disorder)	<input type="checkbox"/> Gender Identity and Sexuality – May include gender, LGBTQIA, HIV/AIDS/ARC
<input type="checkbox"/> Trauma And Abuse – Includes PTSD, child abuse, spousal abuse, rape/sexual assault, elder and dependent adult abuse, EMDR therapy, domestic violence, crisis intervention, dissociative identity disorders.	<input type="checkbox"/> Multicultural - Includes foreign language, sign language, holocaust and/or refugee survival issues, and generational cultural issues. Blended religious and cultural marriages/relationships. <input type="checkbox"/> Additional Languages: _____

I accept: Private Insurance Sliding Scale

INDIVIDUAL STATEMENT---*Available to all membership categories*

For an additional \$10 fee we are offering the opportunity to include a brief paragraph (25 words or less) describing your professional activities and orientation. These will be reviewed by the Resource Guide Committee. You will receive an email or phone call if changes are necessary.

Agreement and Consent to Electronic Transmission of Ballots, Etc.

VC-CAMFT is a professional organization that maintains high ethical standards for practice and conduct. Your signature below affirms that all information provided above is accurate and true to the best of your knowledge. By signing this, you agree to abide by the ethical standards as set forth by VC-CAMFT and State CAMFT. Your consent also applies to receiving electronic ballots, documents, voting materials and meeting notices. You are not required to consent to electronic transmission of ballots. You may request that ballots be sent to you in paper form by regular mail to the address you have on record with the Chapter. You have the right to withdraw your consent at any time by providing the Chapter with written notice. No fee will be charged for withdrawing your consent. Your consent will expire when your membership expires.

Signature _____ **DATE** _____

(Application MUST be signed)