



**East Bay Chapter
California Association of Marriage and Family Therapists**

**C/O Hudson Management Company
425 Gregory Lane; Suite 101
Pleasant Hill, CA 94523
925.349.3188
Fax: 925.349.3189**

Please Note: The East Bay Chapter of CAMFT (the Chapter) 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, C/O Hudson Management Company, 425 Gregory Lane, Suite 101, Pleasant Hill, CA 94523. For further information about EB-CAMFT: go to 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- Phone: 858.292.26.38 or go to www.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: _____ Personal/Business Website: _____

Membership Mailing Labels: _____ Opt-Out

The Chapter offers membership labels for purchase by CAMFT members only. Please check opt-out if you want your name removed from the list of mailing labels.

Highest Degree Earned: _____ Type of License and #: _____

Certifications: _____

Foreign Languages (please list all languages): _____

Are you a CAMFT Member: _____ Yes _____ No CAMFT Membership #: _____

Required for Interns: Include name and license of you supervisor:

Supervisor's Name: _____ Type of License and #: _____

Required for Students:

Name of School: _____ Name of Graduate Program: _____

E-Tree Participation (No Additional Fee): _____ Yes _____ 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:

_____ **TD** _____ **MD** Location #1 (Same contact information in General Information Section)

_____ **TD** _____ **MD** Location #2 (Additional Contact Information)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

_____ **TD** _____ **MD** Location #3 (Additional Contact Information)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Due to the number of options, we are unable to list on paper all the choices for: Practice Specializations; Theoretical Orientations; Insurance panels; and Group Therapy. Please enter this information online. If you want to add an entry that is not already online, please email contact@eastbaytherapist.org

Temporary Online Home Page Information:

Log-In: _____ Password: _____
 When your application has been approved, please change your log-in and password.

Membership Category and Membership Dues:

Please note: Annual dues are for 12 months from the month of enrollment.

Membership Category	Membership Dues and Benefits	Total Due:
Clinical (Licensed MFT + CAMFT member)	\$60 Membership Fee \$25 One-Time Application 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 \$25 One-Time Application Fee Access to ALL member privileges (However, cannot vote or hold office)	

Please select additional features that apply:

Yes or No

Basic TF Listing	No Fee Do you want to be included in the online EB-CAMFT TF?	
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@eastbaytherapist.org or enter this information yourself after your application has been approved.	
Late Fee	\$10	
Additional donation to support the Chapter	\$	

Total Amount Due: _____

Agreement: I agree to abide by the ethical standards of the California Association of Marriage and Family Therapists and state that all above information is true and correct.

Applicant Signature: _____

Date: _____