

AGENCY GROUP MEMBERSHIP

AGENCY REQUIREMENTS

- Agency must be organized as a non-profit entity (501c3), funded by the government or considered a community health (or mental health) agency.
- Agency must maintain a minimum of 5 current EMDRIA members.
- Agency must provide a Contact Person responsible for use of Group rate.
- Contact Person must inform EMDRIA of any members who should be removed.
- Members must be in a W2 relationship with the agency in order to use the Group rate.

In the event that any of the above requirements are not being met, the Group Rate will be removed from all future renewals until the requirements are met again. No refunds will be issued on any renewals at the Standard Rate during that time.

ADDING ADDITIONAL MEMBERS

The Agency Group Membership Rate is \$100/member for both Full and Associate Members.

New members may be added quarterly with membership dues being billed at a pro-rated rate. All memberships will expire on July 1 of each year regardless of join date.

	1 ST QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
Month Joined	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC
Dues Billed	\$50	\$25	\$100	\$75

ASSOCIATE MEMBERS

When Associate Members meet the qualifications for Full Membership, they may be upgraded at no additional cost by providing a copy of their current licensure and EMDR Training certificate of completion to EMDRIA.

AGENCY GROUP MEMBERSHIP APPLICATION

Fill out the information below and submit to EMDRIA to establish an Agency Group.

AGENCY INFORMATION:

Name

Address

City

State/Province

Zip/Postal Code

Country

AGENCY CONTACT PERSON:

Name

Phone

Email Address

ESTABLISHING MEMBERS *(must submit individual membership applications)*

Member	First Name	Last Name	Join Level (circle)
REQUIRED			Full / Associate
REQUIRED			Full / Associate
REQUIRED			Full / Associate
REQUIRED			Full / Associate
REQUIRED			Full / Associate
Optional			Full / Associate
Optional			Full / Associate
Optional			Full / Associate
Optional			Full / Associate
Optional			Full / Associate
Optional			Full / Associate
Optional			Full / Associate

We attest that our agency meets all of the requirements for the Agency Group Membership and that the above individuals are employed by (receive a W2 from) our agency.

Signature:

Application Date:
