



EMDR International Association  
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info@emdria.org

## INDIVIDUAL GROUP MEMBERSHIP APPLICATION

### GROUP MEMBER REQUIREMENT

- Must be in a W2 relationship with the agency.
- Must fulfill additional member type requirements below.
- Application must be submitted through agency contact person or signed below:

**AGENCY CONTACT:** \_\_\_\_\_

I attest that the individual on this application is in a W2 relationship with our agency.

**SIGNATURE:** \_\_\_\_\_

### GROUP - FULL MEMBER (\$100)

**Additional Benefits: "Find a Therapist" online directory listing and voting privileges**

- Must be licensed, certified, or the equivalent as a mental health professional or per the guidelines of your state, province or country.
- Must have completed EMDRIA Approved EMDR Training that included a minimum of 20 hours instruction, 20 hours practice, and 10 hours consultation.
- Must be able to provide a copy of current license and/or certificate of completion for an EMDRIA Approved EMDR Training to EMDRIA, if requested.

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### GROUP - ASSOCIATE MEMBER (\$100)

**Associate Members are not listed in the Find a Therapist directory and do not have voting privileges.**

- Must be licensed, certified, or the equivalent as a mental health professional or per the guidelines of your state, province or country **OR** pursuing licensure under supervision **OR** be in the process of completing EMDRIA Approved EMDR Training that includes a minimum of 20 hours instruction, 20 hours practice, and 10 hours consultation.

**CONTACT / MAILING INFORMATION (REQUIRED FOR ALL / \* = Required for Full Membership Only)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ Credentials: \_\_\_\_\_


Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State:/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ EMAIL: \_\_\_\_\_

License Type\*: \_\_\_\_\_ License #\*: \_\_\_\_\_ Jurisdiction (State)\*: \_\_\_\_\_

**Journal Preference:**  Online Only  Both Online & Printed  
**Newsletter Preference:**  Online Only  Both Online & Printed  
**May EMDRIA share your email with EMDRIA Training Providers to notify you about education programs?**  Yes  No  
*Mailing Information above must be completed to receive printed materials. If not, preference will be changed to Online.*



**Go green with EMDRIA and select Online Only for your preferences!**

**FIND A THERAPIST DIRECTORY LISTING**

Use the information as listed above  List what is completed below  No listing

Directory Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Add additional information (including a second address) to your member profile when you sign in online at [www.emdria.org](http://www.emdria.org)!

**MEMBERSHIP LEVEL (all prices are USD)**

**CHOOSE ONE:**  FULL (must fill out Full Membership Verification Statements) -- OR --  ASSOCIATE

**FULL MEMBERSHIP VERIFICATION STATEMENTS (REQUIRED):**

- I am currently licensed as a mental health professional per the guidelines of my state, province or country.
- I completed an EMDRIA Approved EMDR Training (as stated on front) on \_\_\_\_\_ (date).

**AGENCY NAME (REQUIRED):** \_\_\_\_\_

I attest that I am currently in a W2 relationship with the agency listed above.

**SIGNATURE:** \_\_\_\_\_

I subscribe to EMDRIA's [Code of Conduct](#) and have read the [Statement on Diversity & Cultural Competence](#):  Yes

PAYMENT (U.S. FUNDS ONLY) Use the blanks below to calculate your payment total. A \$10 tax-deductible donation to the EMDR Research Foundation has been automatically included in your registration. If you would like to opt-out of this donation, please check the box indicating such and do not add the \$10 to your total. If you would like to make an additional contribution to either the EMDR Research Foundation or to EMDRIA's Memorial Conference Scholarship Fund, please specify below:

<b>MEMBERSHIP LEVEL COST (GROUP RATE)</b> .....	<b>\$100.00</b>
EMDR Research Foundation Donation ( <i>Tax-Deductible</i> ).....	<b>\$10.00</b> <input type="checkbox"/> Opt-Out
Additional EMDR Research Foundation Donation ( <i>Tax-Deductible</i> ).....	\$ _____
EMDRIA Memorial Conference Scholarship Fund Donation ( <i>Not Tax-Deductible</i> ).....	\$ _____
<b>TOTAL PAYMENT</b> .....	<b>\$ _____</b>

Credit Card (Visa/Mastercard/Discover Only)  Check or Money Order Check #: \_\_\_\_\_

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as appears on card): \_\_\_\_\_ 3-Digit CCV Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_