

## ASSOCIATE / STUDENT MEMBERSHIP APPLICATION

### ASSOCIATE MEMBER (Standard Rate - \$150)

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

### REQUIREMENTS (must meet at least one below)

- **Registered Intern or other similar category that is transitional, where someone is working toward full licensure in a mental health professional. This practice is under supervision.**
- **Limited License Professional (Some states have a category of mental health license that is not transitional, but requires supervision in order to practice.)**
  - Membership at this level for the majority of cases will be at the Associate level. If you believe your license qualifies you for Full Membership and you are in this category, please contact us at [info@emdria.org](mailto:info@emdria.org).
- **In the process of completing EMDRIA Approved EMDR Training**

### ASSOCIATE MEMBERSHIP DISCOUNTS (\$115)

- **Agency** – Must work full-time for a non-profit or publicly-funded agency.
- **Newly Trained** – Must have completed EMDR Training in the last 6 months.

### STUDENT MEMBER (Standard Rate - \$75)

- Enrolled full-time (9 credit hours or more) in a university or academic setting.
- **Provide one of the following showing full-time current enrollment in an academic program:**
  - Class schedule for the current semester showing at least 9 credit hours. May either be paper documentation or a screenshot from an online registration system as long as your full name is displayed as part of the record.
  - Letter from the Registrar's Office stating you are enrolled as a full-time student
  - Letter from the Dean's Office or a Department Chair stating you are enrolled as a full-time student.

**CONTACT / MAILING INFORMATION (REQUIRED)**

LAST NAME: FIRST NAME: MI: Credentials:

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Mailing Address:

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City: State:/Prov: Zip: Country:

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Phone: Mobile: EMAIL:

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License Type: License #: Jurisdiction (State):


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*Mailing information fields above must be filled in to receive printed materials. If not, preference will be changed to Online Only.*

Journal Preference:  Online Only  Both Online & Printed

Newsletter Preference:  Online Only  Both Online & Printed

May EMDRIA share (upon request) your email address with EMDR education and training providers?  Yes  No



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

**MEMBER DIRECTORY LISTING**

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

Directory Address:

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City: State/Prov: Zip: Country:

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Email: Phone: Website:

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

**EMDR TRAINING INFORMATION (check one)**

- I have not completed EMDR Training.
- I am in the process of completing EMDR Training.
- I completed EMDR Training. If checked, date on certificate of completion: \_\_\_\_\_

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

ASSOCIATE:  STANDARD - \$150  AGENCY - \$115  NEWLY TRAINED - \$115

Agency Name (required for discount): \_\_\_\_\_

STUDENT:  STANDARD - \$75 (must include documentation of full-time enrollment)

I attest that I adhere to all [EMDRIA Policies](https://www.emdria.org/page/EMDRIPolicies) (https://www.emdria.org/page/EMDRIPolicies):  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:

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

Bill Me (Pay Online by Credit Card)  Check/Money Order (Included) Check #: \_\_\_\_\_

Bill Me Option – If you wish to pay by credit card, select this option. EMDRIA will create an invoice and email you a link for secure online payment. Payment is due upon receipt. VISA, Mastercard, Discover accepted.

Check Option – If you wish to pay by check, select this option. Check must be included with form.