

## 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:
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



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

**May EMDRIA make your information available to EMDR education and training providers?**  Yes  No

*Mailing Information must be completed in order to receive printed materials. If not, preference will be changed to Online.*

## MEMBER 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)

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

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

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

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</b> (from above) .....	\$ _____	
EMDR Research Foundation Donation ( <i>Tax-Deductible</i> ).....	\$ <u>10.00</u>	<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> .....	\$ _____	

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: