

FULL MEMBERSHIP APPLICATION

You must register for membership at the highest level of qualification.

FULL MEMBER (Standard Rate - \$175)

Additional Benefits: "Find a Therapist" online directory listing and Full Voting Privileges

REQUIREMENTS

- **Must subscribe to the EMDRIA Professional Code of Conduct and be aware of EMDRIA's Statement on Diversity & Cultural Competence.**
- **Licensed, certified, or the equivalent as a mental health professional or per the guidelines of your state, province or country.**
 - Typically this includes LMFTs and/or LCMFTS, LPCs and/or LCPCs, MSWs and Clinical MSWs, Licensed Psychologists, Psychiatric Nurses, and Physicians. Some states have different levels of licensing, but a key factor is being able to practice independently, and not under the supervision of someone else's license.
- **Completed EMDRIA Approved EMDR Training that included 20 hours of instruction, 20 hours of practice, and 10 hours of consultation. All parts of the EMDR Training including consultation hours must be complete.**
 - You are required to put your EMDR Training completion date on this registration form. Future dates are not acceptable. If you have not completed EMDR Training in full, please sign up at the Associate level or wait to sign up for Full Membership once you've completed EMDR Training.
- **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.**


MEMBERSHIP DISCOUNTS (Full Discount Rate - \$130)

- **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.

CONTACT / MAILING INFORMATION (REQUIRED FIELDS)

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 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.



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!

MEMBERSHIP RATE (all prices are USD)

- STANDARD - \$175** AGENCY - \$130 NEWLY TRAINED - \$130

Agency Name (required for discount): _____

FULL MEMBERSHIP VERIFICATION STATEMENTS (REQUIRED):

- I am currently licensed as a mental health professional as described in the requirements section.
 I completed an EMDRIA Approved EMDR Training as described in the requirements section.

EMDR TRAINING COMPLETION DATE (REQUIRED): _____ (MM/DD/YYYY)

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:

MEMBERSHIP LEVEL COST (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>).....	\$ _____
TOTAL PAYMENT	\$ _____

- 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: