

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.

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)*: _____

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

Magazine Preference: Online Only Both Online & Printed

Journal 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!

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

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.