



Ventura County Chapter

Membership Application and Renewal

VC-CAMFT • P.O. Box 373, Camarillo, CA 93011 • (805) 655-5625 • www.vc-camft.org • vc_camft@yahoo.com

PLEASE TYPE OR PRINT CAREFULLY. MARK ALL SPACES ON BOTH SIDES.

- RENEWAL of last year's Membership
 NEW or LAPSED Membership

MEMBERSHIP CATEGORIES: Check one. Is this a change in status from last year? Yes No
 Membership is for one calendar year from January through December.

<input type="checkbox"/> CLINICAL MEMBERSHIP	Calif. Licensed MFT	DUES
<input type="checkbox"/> PRELICENSED MEMBERSHIP	<input type="checkbox"/> MFT Intern <input type="checkbox"/> Trainee	\$60.00
<input type="checkbox"/> NETWORK MEMBERSHIP	Professionals in a related field	\$35.00
<input type="checkbox"/> RESOURCE GUIDE STATEMENT	Optional fee for Individual Statements (not available after 12/31)	\$45.00
		\$10.00

TOTAL \$ _____

PLEASE NOTE: Applications posted after December 31 will not be included in the resource guide!

▶ Make checks payable to *VENTURA COUNTY CAMFT* and mail to address above *ATTN: MEMBERSHIP CHAIRPERSON.*

MEMBER INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL SUFFIX (M.A., Ph.D., Psy.D.)

Address _____
STREET/BOX SUITE/AP.

_____ CITY STATE ZIP

Phone No.(s) _____ Fax No. _____

E-mail _____ Website _____
(please be accurate and include the full e-mail and internet address)

Mailing Address _____
STREET/BOX SUITE/AP. CITY STATE/ZIP

Home Phone _____

How would you like your monthly meeting reminder sent? regular mail e-mail _____

MFT License No. _____ Degree(s) _____

MFT Intern No. _____

Supervisor's Name _____
 Supervisor's Address _____
 Supervisor's Phone _____

MFT Trainee No. _____ School _____

MEMBERSHIP

Membership in State CAMFT is required for Ventura County Chapter membership.

Yes No Member of State CAMFT? State CAMFT Membership # **(required)** _____

Yes No Currently joining State CAMFT? When _____

DISCIPLINARY ACTION

Yes No Has any licensing board or other regulatory body ever taken any disciplinary action against you or your license/registration?

Yes No Has any professional association's ethics committee ever taken any action against your membership as a result of an ethical complaint?

If yes, to either question, please attach a complete explanation. Be sure to specify names and dates where appropriate.

SHADED INFORMATION WILL BE PUBLISHED IN RESOURCE GUIDE

AREAS OF EMPHASIS

Clinical Members ONLY!

You may select **no more than (3) three** areas of emphasis for publication. If more than three areas of emphasis are chosen, the applicant understands that the printer may use their own discretion in limiting your choices to three.

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| <p><input type="checkbox"/> ADDICTIVE DISORDERS - Includes chemical dependency, eating disorders, impulse control problems (i.e., sexual addiction, workaholics, Internet, gambling, etc.)</p> <p><input type="checkbox"/> CHILD AND ADOLESCENT - Includes play therapy, assessment and testing, school issues, learning difficulties and developmental delays, ADHD treatment, behavioral disorders, mother-infant therapy, parent education, adoption, infertility.</p> <p><input type="checkbox"/> MOOD AND ANXIETY - Includes depression, dysthymia, anxiety disorders (i.e., panic attacks, social and other phobias, obsessive/compulsive disorder).</p> <p><input type="checkbox"/> TRAUMA AND ABUSE - Includes, PTSD, child abuse, spousal abuse, rape/sexual assault, elder and dependent adult abuse, EMDR therapy, domestic violence, crisis intervention, dissociative identity disorders.</p> | <p><input type="checkbox"/> RELATIONSHIP ISSUES - Includes couples/partner therapy, premarital, marital and post marital therapy, remarriage, divorce recovery, mediation, issues of sexual orientation sex therapy, family therapy, blended family issues.</p> <p><input type="checkbox"/> GERONTOLOGY/LIFE SPAN ISSUES - Includes caretakers of elderly, Alzheimer's care, perimenopausal and menopausal issues, mid-life crisis issues, life span issues, dementia, death, chronic illness, loss and grief therapy.</p> <p><input type="checkbox"/> MULTICULTURAL - Includes foreign language, sign language, holocaust and or refugee survival issues, generational cultural issues. Blended religious and cultural marriages/relationships.</p> <p><input type="checkbox"/> RELATED PROFESSIONALS - LCSW's, Attorneys, Mediators, Psychologists, MDs and Psychiatrists.</p> |
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I accept: private insurance Medi-Cal sliding scale

Languages spoken fluently (including sign language) _____

INDIVIDUAL STATEMENT

Available to all membership categories

For an additional \$10 fee we are offering the opportunity to include a brief paragraph (25 words or less) describing your professional activities and orientation. These will be reviewed by the resource guide committee. You will receive an email or phone call if changes are necessary.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AGREEMENT

VC-CAMFT is a professional organization that maintains high ethical standards for practice and conduct. Your signature below affirms that all information provided above is accurate and true to the best of your knowledge. By signing this, you agree to abide by the ethical standards as set forth by VC-CAMFT and State CAMFT.

Signature _____ Date _____