

STEP 1: CHOOSE YOUR MEMBERSHIP LEVEL & RATE

Membership Levels:

YOU MUST RENEW AT YOUR HIGHEST LEVEL OF ELIGIBILITY.

All members must subscribe to the EMDRIA Code of Conduct (www.emdria.org).

Full Member (Includes Online 'Find A Therapist' Search Listing & Full Voting Privileges)

Who is eligible?

1. Persons licensed, certified, or the equivalent as a mental health professional or per the guidelines of their state, province, or country.
2. Persons who have completed EMDRIA approved basic EMDR training.

Associate Member (No Online 'Find a Therapist' Search Listing & No Voting Privileges)

Who is eligible?

1. Persons who are licensed, certified, or the equivalent as a mental health professional per the guidelines of their state, province, or country OR who are pursuing licensure under supervision and have NOT met the guidelines as outlined above for members OR other interested parties.

Student (No Online 'Find a Therapist' Search Listing & No Voting Privileges)

Who is eligible?

1. Persons who are enrolled FULL TIME in a University or Academic Institution.

Proof of Student status required (enrolled in a minimum of 9 hours per semester)**

Membership Rates:

- **Standard:** Designed for the majority of members
- **Agency*:** Clinicians who are employed by publicly funded agencies
- **Retired Members*:** Must be retired from active mental health practice (5 or fewer clients per week), be at least 65 years of age and have paid dues to EMDRIA for seven or more years (years do not have to be consecutive).

* By selecting a discounted membership type, I am attesting that I meet the qualifications for eligibility, in addition to the standard requirements for membership level (i.e. Full, Associate, Student). *I realize that my eligibility will be confirmed by EMDRIA.*

	FULL	ASSOCIATE	STUDENT
STANDARD	\$150 (U.S.) \$170 USD (Non-U.S.)	\$125 (U.S.) \$145 USD (Non-U.S.)	\$100 (U.S.) \$120 USD (Non-U.S.)
AGENCY	\$105 (U.S.) \$119 USD (Non-U.S.)	\$90 (U.S.) \$102 USD (Non-U.S.)	\$70 (U.S.) \$84 USD (Non-U.S.)
RETIRED.	\$90 (U.S.) \$102 USD (Non-U.S.)	N/A	N/A

STEP 2: FILL OUT APPLICATION

2009 MEMBERSHIP RENEWAL

CONTACT/MAILING INFORMATION

PLEASE TYPE OR PRINT:

Last Name: _____ First Name: _____ MI: _____ Credentials: _____

Mailing Address: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Office Phone: _____ Fax: _____ Email: _____

License #: _____ Jurisdiction (State): _____

Member Directory Preference: Online, updated regularly Printed, annually (check one only)
Journal Preference: Online Only Both Online & Printed (check one only)
Newsletter Preference: Online Only Both Online & Printed (check one only)

*EMDRIA is going GREEN!
Help save trees by choosing
to receive benefits online only!*

DIRECTORY LISTING

Please use the information as listed above. Only list items in Directory that are completed below. No listing.

Directory Address: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Office Phone: _____ Fax: _____ Email: _____ Web site: _____
(for Full Members only)

SECONDARY ADDRESS DIRECTORY LISTING

Only list items completed below. No secondary listing.

Secondary Directory Address: _____ Office Phone: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

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

Would you like to make a contribution to EMDRIAs Grant and Scholarship Fund? Yes Amount: \$ _____

These funds will be used for Grants & Scholarships, such as research grants, scholarships, and education. Your contribution will go to the EMDRIA Foundation and is deductible as a charitable donation for federal income tax purposes. (If you would like, you may send separate checks for your dues and donation.)

Would you like to make a contribution to EMDRIA's Memorial Scholarship Fund? Yes Amount: \$ _____

The Memorial Scholarship Fund was established to expand professional development opportunities for members who would otherwise not be able to attend the annual EMDRIA Conference. Your contribution will go to the EMDRIA Foundation and is deductible as a charitable donation for federal income tax purposes. (If you would like, you may send separate checks for your dues and donation.)

MEMBERSHIP LEVEL

Please choose your membership level and rate (all prices are in USD). For more information on levels, please see the previous page

FULL: STANDARD \$150 (Non U.S. \$170) AGENCY \$105 (Non U.S. \$119) RETIRED \$90 (Non U.S. \$102)

ASSOCIATE: STANDARD \$125 (Non U.S. \$145) AGENCY \$90 (Non U.S. \$102)

STUDENT: STANDARD \$100 (Non U.S. \$120) AGENCY \$70 (Non U.S. \$84)

PAYMENT (U.S. FUNDS ONLY)

Check or Money Order enclosed Check # _____ TOTAL ENCLOSED: \$ _____ Charge my Credit Card (Visa/MC/Discover Only)

Card # _____ / _____ / _____ Expiration Date: _____

Name as it appears on card: _____

Signature: _____ Billing ZIP Code: _____

STEP 3: SUBMIT YOUR APPLICATION

Submit your application: Fax to 512. 451.5256 or Mail to 5806 Mesa Dr., Suite 360, Austin, TX 78731.