

**EMDR International Association**

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**Austin, TX 78731-3013**

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**info@emdria.org**

**AGENCY GROUP MEMBERSHIP APPLICATION**

**Complete the information below and email to Jennifer Livsey at** **jlivsey@emdria.org****.**

**AGENCY INFORMATION:**

Name

Address

City State/Province Zip/Postal Code Country

**AGENCY CONTACT PERSON:**

Name Phone Email Address

**GROUP MEMBERS** (minimum of 5 members required)

To determine the appropriate Membership Level for each person, please visit <https://www.emdria.org/about-emdria/emdria-membership/> to review the requirements for Full and Associate Membership.

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| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email Address** | **Membership Level** |
|  |  |  | Full / Associate |
|  |  |  | Full / Associate |
|  |  |  | Full / Associate |
|  |  |  | Full / Associate |
|  |  |  | Full / Associate |
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|  |  |  | Full / Associate |
|  |  |  | Full / Associate |
|  |  |  | Full / Associate |

Please add additional rows, as needed.