

**EMDR International Association**

**7000 N Mo Pac Expy Ste 200**

**Austin, TX 78731-3013**

**(512) 451-5200**

 **info@emdria.org**

**NON-PROFIT AGENCY GROUP MEMBERSHIP APPLICATION**

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

**NON-PROFIT AGENCY INFORMATION:**

Agency Name

Agency Address

City State/Province Zip/Postal Code Country

Agency Website

**AGENCY CONTACT PERSON: (will be responsible for paying the invoice for all group members)**

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.

**All group members MUST be employed directly by the agency in a W-2 relationship.**

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| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email Address** | **Membership Level** |
|  |  |  | Full / Associate |
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Please add additional rows, as needed.