MEMBERSHIP APPLICATION

You must register for membership at the highest level of qualification.

FULL MEMBER ($175)

Additional Benefits: "Find a Therapist" online directory listing and Full 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.

ASSOCIATE MEMBER ($150)

☐ 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.

STUDENT MEMBER ($75)

☐ Must be enrolled full-time (9 credit hours or more) in a university or academic setting.
☐ Must provide proof of enrollment to EMDRIA before membership will be approved.

MEMBERSHIP DISCOUNTS (Full Discount Rate - $130 / Associate Discount Rate - $115)

☐ Agency – Must work full-time for a non-profit or publicly-funded agency.
☐ Newly Trained – Must have completed EMDR Training in the last 6 months.
**CONTACT / MAILING INFORMATION** *(REQUIRED FOR ALL / * = Required for Full Membership Only)*

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
<th>MI:</th>
<th>Credentials:</th>
</tr>
</thead>
</table>

Mailing Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State/Prov:</th>
<th>Zip:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Phone: Mobile: EMAIL:  

License Type*: License #: Jurisdiction (State)*:  

**Journal Preference:** □ Online Only □ Both Online & Printed  
**Newsletter Preference:** □ Online Only □ Both Online & Printed  

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

Mailing Information must be completed in order to receive printed materials. If not, preference will be changed to Online.

**FIND A THERAPIST DIRECTORY LISTING**

☐ Use the information as listed above  ☐ List what is completed below  ☐ No listing  

Directory Address:

<table>
<thead>
<tr>
<th>City:</th>
<th>State/Prov:</th>
<th>Zip:</th>
<th>Country:</th>
</tr>
</thead>
</table>

Email: Phone: Website:  

Add additional information (including a second address) to your member profile when you sign in online at [www.emdria.org](http://www.emdria.org).

**MEMBERSHIP LEVEL** *(all prices are USD)*

**FULL:** □ STANDARD - $175  □ AGENCY - $130  □ NEWLY TRAINED - $130  

Agency Name *(required for discount)*: _________________________________________________

**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).  

**ASSOCIATE:** □ STANDARD - $150  □ AGENCY - $115  □ NEWLY TRAINED - $115  

Agency Name *(required for discount)*: _________________________________________________

**STUDENT:** □ STANDARD - $75 (must include documentation of full-time enrollment)  

I subscribe to EMDRIA’s [Code of Conduct](http://www.emdria.org) and have read the [Statement on Diversity & Cultural Competence](http://www.emdria.org): □ 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** *(from above)* .......................................................... $  

EMDR Research Foundation Donation *(Tax-Deductible)* .............................................. $ 10.00  

Opt-Out  

Additional EMDR Research Foundation Donation *(Tax-Deductible)* ..................................... $  

EMDRIA Memorial Conference Scholarship Fund Donation *(Not Tax-Deductible)* .................. $  

TOTAL PAYMENT ........................................................................................................... $  

☐ Credit Card (Visa/Mastercard/Discover Only)  ☐ Check or Money Order  Check #: __________

Card #: __________ / __________ / __________ / Expiration Date:  

Name (as appears on card): ___________________________ 3-Digit CCV Code: __________

Signature: ___________________________  Billing Zip Code: __________

Go green with EMDRIA and select Online Only for your preferences!