



## MEMBERSHIP APPLICATION

Step 1: Choose your membership level (*You must join at your highest level of eligibility.*)

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### FULL MEMBER

*Additional Benefits:* Online listing in our public "Find a Therapist" directory search 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.

### ASSOCIATE MEMBER

- Must be licensed, certified, or the equivalent as a mental health professional per the guidelines of your state, province or country **OR** pursuing licensure under supervision **OR** be in the process of completing EMDR Basic Training.

### STUDENT MEMBER

- Must be enrolled as a full time student (9 credit hours or more) in a university or academic setting.
- **Must provide proof of enrollment to EMDRIA by fax (866-451-5256) or email (info@emdria.org) before membership will be approved.**

*Associate and Student members are not listed in the Find a Therapist search and do not have voting privileges.*

Step 2: Choose your membership rate

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	FULL	ASSOCIATE	STUDENT
STANDARD	<b>\$150</b>	<b>\$125</b>	<b>\$50</b>
AGENCY (publicly funded)	<b>\$105</b>	<b>\$90</b>	<b>n/a</b>
UNIVERSITY FACULTY	<b>\$105</b>	<b>\$90</b>	<b>n/a</b>
NEWLY TRAINED (FIRST YEAR ONLY)	<b>\$105</b>	<b>\$90</b>	<b>n/a</b>

For more information regarding discounts, please visit [www.emdria.org](http://www.emdria.org).

### Step 3: Complete and submit the application

#### CONTACT / MAILING INFORMATION

Last Name:	First Name:	MI:	Credentials:
Mailing Address:			
City:	State:/Prov:	Zip:	Country:
Phone:	Mobile:	Email:	
License #:	Jurisdiction (State):		

**Journal Preference:**  Online Only  Both Online & Printed  
**Newsletter Preference:**  Online Only  Both Online & Printed  
**Printed Membership Certificate Preference:**  No  Yes  
May EMDRIA make your information available to EMDR education and training providers?  Yes  No

**EMDRIA is going GREEN!** Help us save trees by choosing to receive your benefits



**I subscribe to EMDRIA's Code of Conduct:**  Yes (As a condition of membership, all members must subscribe to the Code of Conduct.)

#### DIRECTORY LISTING

(only Full members will appear in the Find a Therapist Directory Search)

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

Directory Address:

City:	State/Prov:	Zip:	Country:
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

Please choose your membership level and rate (all prices are USD):

**FULL:**  STANDARD - \$150  AGENCY - \$105  UNIVERSITY FACULTY - \$105  NEWLY TRAINED - \$105  
 I attest that I meet all qualifications for Full membership as stated in "Step 1" of the membership application.

**ASSOCIATE:**  STANDARD - \$125  AGENCY - \$90  UNIVERSITY FACULTY - \$90  NEWLY TRAINED - \$90

**STUDENT:**  STANDARD - \$50

**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 .....	\$ _____
EMDR Research Foundation Donation ( <i>Tax-Deductible</i> ) .....	\$ <u>10.00</u> <input type="checkbox"/> Opt-Out
Additional EMDR Research Foundation Donation ( <i>Tax-Deductible</i> ).....	\$ _____
EMDRIA Memorial Conference Scholarship Fund Donation ( <i>Not Tax-Deductible</i> ).....	\$ _____
<b>TOTAL PAYMENT</b> .....	\$ _____

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: _____