

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/Student Members are not listed in the Find a Therapist directory and do not have voting privileges.

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)


LAST NAME: _____ FIRST NAME: _____ MI: _____ Credentials: _____

Mailing Address: _____

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

Phone: _____ Mobile: _____ EMAIL: _____

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

Journal Preference: Online Only Both Online & Printed  **Go green with EMDRIA and select Online Only for your**

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: _____

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!

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](#) and have read the [Statement on Diversity & Cultural Competence](#): 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: _____