

Central Coast Chapter CAMFT -- Membership Application

You may join or renew your membership & pay online at: <http://centralcoastcamft.org>

By using your email as your ID and creating a password of your choice, you can join or renew online and enter or change your profile and information; you may then pay by check or online. You may also choose to complete and mail in this application with your check to the address listed below. Your membership is one year from your join or renewal date.

If you have questions, please direct them to **Jill Pesavento, Membership Chair: 805.440.8555** or jill@jillpesaventomft.com

Chapter meetings are open to everyone but the **Therapy Directory** is for members only!

Are you currently a member of State CAMFT?

Yes CAMFT Membership number _____

No (please note that State membership is required in order to join the local Chapter.

Affiliate and Associate Memberships are exempt from this requirement.)

This application is for renewal membership new membership

Last Name _____ First Name _____ Middle Name _____

Please Note: *If this is (1) a renewal, (2) you already have a profile on our site, and (3) there are no changes needed to your information, you may now skip to type of membership*

Mailing Address – Street, City, ZIP (Include suite #s please)

Primary Office Address – Street, City, ZIP (Include suite #s please)

Addresses/Additional Offices – Street, City, ZIP (Include suite #s please)

Telephone # (Business Office Contact Number) _____

Additional Office Telephone #(s) _____

Email Address _____ Website Address _____

Check the type of membership for which you are applying (note difference in dues amounts)

- Licensed MFT License # _____ Year Licensed _____ \$50
- Registered MFT Intern Intern Reg. # _____ Supervisor _____ \$20
- MFT Trainee/Student \$20
- Affiliate, *e.g.* hospital, clinic, non-profit \$40
- Associate, *e.g.* other license \$40
- MFT Emeritus: *free* for retired LMFTs who keep inactive license with BBSE and State CAMFT membership

Chapter Participation:

Would you be interested in serving on our board? yes no

Would you be interested in serving on a committee? yes no

Would you be interested in a “small bite” of volunteering, such as one event annually? yes no

To renew by mail, please complete this application with a check payable to CCC-CAMFT and mail to:

CCC-CAMFT Membership
P.O. Box 12723, San Luis Obispo, CA 93406

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Jill Pesavento, Membership Chair: 805.440.8555 or jill@jillpesaventomft.com