



**Individual**  
**Membership**  
**Application**

**For Office Use Only**

Date Application & Payment  
Received:

Member ID #:

**Dues must be paid with submission of application; otherwise, membership will not be activated.  
Thank you for your application and payment!**

Name : \_\_\_\_\_

Title: \_\_\_\_\_ Degree: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Web Site: \_\_\_\_\_

**Type of Professional:**

- Mental Health Treatment Professional
- Substance Use Treatment Professional
- Full-time Student
- Other: \_\_\_\_\_

**Area of Expertise:**

- Clinical
- Financial
- Advocacy
- Other: \_\_\_\_\_

Have you ever been disbarred from professional practice?

- Yes
- No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list three references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list reasons why you are joining NJAMHAA:

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How did you hear about NJAMHAA?

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If you were specifically referred by a NJAMHAA member, please provide the individual's contact information (name, organization, address, phone and e-mail): \_\_\_\_\_

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Organizational affiliations:

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**Please send your application with your payment of \$250.00 membership dues for individual membership or \$100 membership dues for full-time students to:**

**Ksenia Lebedeva, Coordinator of Advocacy and Member Services  
NJAMHAA  
3635 Quakerbridge Bridge Road, Suite 35  
Mercerville, NJ 08619**

**Checks can be made out to NJAMHAA. If you would like to pay by credit card (Visa or Master Card only), please also complete and submit the credit card authorization form (please e-mail [smoses@njamhaa.org](mailto:smoses@njamhaa.org)).**