



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:

How did you hear about NJAMHAA?

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

Organizational affiliations:

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
3575 Quakerbridge Bridge Road, Suite 102
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 enclosed credit card authorization form.