

NAMA: National Anger Management Association

MEMBERSHIP APPLICATION

Name (exactly as wanted on certificate) : _____

(Agency or Affiliation if Applicable): _____

Street Address: _____

City _____ State: _____ Zip Code: _____

Please indicate whether the address above is your: ___ Home Address or ___ Business Address

Daytime Phone: _____ Fax : _____ Email : _____

Website: _____ **Please enter Email address carefully.**

PROFESSIONAL BACKGROUND

In order for your application to be processed, you must answer ALL questions COMPLETELY

1. Type of Credentials:

RN LPC LSW LCSW LMFT PhD MD

Other - Please specify _____

License No. (If applicable) _____ State _____

2. How many years of experience do you have in providing anger management services?: _____

3. With how many clients are you currently working? ___ 1-10 ___ 11-20 ___ 21-30 ___ 30 or more

4. Years of experience providing anger management service: ___ 1-3 ___ 4-6 ___ 7-10 ___ 10 or more

5. Please check all areas of interest for future trainings. (You may check multiple fields)

Anger Management Updates in Treatment Couples Anger Management Children & Anger

Group Work Adolescent Anger Management Parenting & Anger Other: _____

6. Would you be willing to provide outcome survey information measuring benefits of your work? ___ Yes ___ No

7. Please indicate if you work for:

Agency Private Practice

8. Are you willing to volunteer to provide time and leadership for NAMA? ___ Yes ___ No

Please Specify: _____

9. How did you hear about NAMA?

NAMA Website Direct Mailing Professional Organization Email Professional Journal

Word of Mouth Other - Please specify _____

10. Please include one copy of your Resume or CV with this application.

11. Which Membership Level are you applying: (One year dues covers application fee & first year membership)

Member Level Fellow Level Diplomate Level Student Level Agency/Organization _____

(Dues: \$100/yr) (Dues: \$150/yr) (Dues: \$250/yr) (Dues: \$45/yr) (Dues: \$750)

<mailto:namass@namass.org>

Credit Cards: Visa, MC, Amex _____ Exp. _____ Signature _____

(for fastest reply) FAX to (646) 390-1571

Checks payable to: NAMA — mail to: 2753 Broadway Suite 395, New York, NY 10025)