

Midwest Chapter of National Anger Management Association

MEMBERSHIP APPLICATION

Name (*exactly as wanted on profile*) : _____ Date _____
(Agency or Affiliation if Applicable): _____
Street Address (Office) _____
City _____ State: _____ Zip Code: _____
Website: _____
Office Phone: _____ Email : _____
Shipping address (if different from above) _____

PROFESSIONAL BACKGROUND

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

- Member of NAMA? Yes No Type of Credential: CAMS-I CAMS-II Other
Other credentials:
 BA / BS CADC RN LPC L C P C LSW LCSW LMFT PhD MD
 Other - Please specify _____ License No. (If applicable) _____ State _____
- With how many clients are you currently working? 1-10 11-20 21-30 30 or more
- Years of experience providing anger management service: 1-3 4-6 7-10 10 or more
- 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: _____
- Would you be willing to provide outcome survey information measuring benefits of your work? Yes No
- Please indicate if you work for: Agency Private Practice Both
- Would you willing to volunteer to provide time and leadership for the Midwest Chapter? Yes No
Please Specify: _____
- Please indicate how and when you became a member and obtained certification from NAMA?
Please specify _____
- Please include supporting documentation and \$25 annual membership fee

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

Credit Card billing address: _____ **State:** _____ **Zip:** _____

For CC processing FAX to (630) 530-2066

OR—Make Checks payable to: Midwest Chapter of NAMA—**Fax** or mail to: Midwest Chapter of NAMA
P.O. Box 5823, Naperville, IL 60567