

NAMA: National Anger Management Association

MEMBERSHIP DUES RENEWAL & UPDATE

Name (as listed in Directory) : _____
(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 : _____
Please enter Email address carefully.

PROFESSIONAL BACKGROUND

Please make any updates or upgrades to you listing:

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. 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: _____

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

5. Please indicate if you work for:

Agency Private Practice

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

Please Specify: _____

7. Please include one copy of your Resume or CV for upgrades of you listing.

8. Which Membership Level are you renewing/applying: (dues will increase 1/1/2012)

Member Level Fellow Level Diplomate Level Agency
(Dues: \$125/yr) (Dues: \$150/yr) (Dues: \$250/yr) (Dues: \$500/yr)

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

Signature _____

(For fastest reply) FAX to (646) 390-1571 - you may also scan and email: namass@namass.org
OR—Checks payable to: NAMA—mail to: NAMA 100 Orchard Park Dr #26629 Greenville SC 29616-9998