



SAN GABRIEL VALLEY CHAPTER  
California Association Of Marriage & Family Therapists

# 2011 Membership & Online "Find A Therapist" Application

**IMPORTANT:** Must be a member of State CAMFT to join the SGV chapter unless you are an honorary member.

First Name Middle Initial Last Name Credentials (ie. MFT, MA, ATR, Ph.D.)

State CAMFT # \_\_\_\_\_ (Application will not be process without this number.)

Licensed MFT / License#: \_\_\_\_\_  \$60 for 1 year  MFT Intern / IMF#: \_\_\_\_\_  \$30 per year

Friend of CAMFT  \$60 for 1 year

Graduate Student  \$30 per year (Must be enrolled in a degree program) School Name \_\_\_\_\_

**DIRECTORY LISTING/REFERRAL INFORMATION** Information provided will be listed in the chapter membership directory should be considered public information and will be published in "Find A Therapist" on [www.sgvcamft.org](http://www.sgvcamft.org).

Street Address Unit/Ste. City Zip

Phone Fax Number E-mail Address Website

Chapter correspondence will be sent to address listed above **UNLESS** specified here:

Circle fluent languages: Armenian Chinese Farsi French German Greek Hebrew Hindu Italian Japanese Portuguese Russian Spanish

### Circle 5 of your top areas of focus:

- |                                  |                            |                             |                       |
|----------------------------------|----------------------------|-----------------------------|-----------------------|
| Abuse - Current                  | Couples Counseling         | Forensic Consultation       |                       |
| Abuse - Survivors                | Creativity for Artists     | Gay/Lesbian/Bisexual Issues | Posttraumatic Stress  |
| Addictions                       | Crisis Intervention        | Grief & Loss                | Pregnancy/Childbirth  |
| Adolescents                      | Cross-cultural Issues      | Learning Disabilities       | Relationships         |
| Adoption Issues                  | Depression                 | Life Cycle Transition       | School Problems       |
| Adult Children of Alcoholics     | Dissociative Disorders     | Menopause                   | Self-esteem Issues    |
| AIDS/HIV/ARC                     | Divorce/Separation/Custody | Men's Issues                | Sex Therapy           |
| Anxiety/Phobias                  | Domestic Violence          | Midlife Issues              | Spirituality          |
| Children                         | Dual Diagnosis             | Mind/Body (Somatic)         | Step/Blended Families |
| Chronic/Life-threatening Illness | Eating Disorders           | Panic Attacks               | Stress Management     |
| Coaching                         | Elder Issues               | Parenting                   | Substance Abuse       |
| Communication Skills             | Families                   | Personality Disorders       | Women's Issues        |

### Circle your primary orientations:

- |                              |                                |                            |                        |
|------------------------------|--------------------------------|----------------------------|------------------------|
| Art Therapy                  | Control-Mastery Therapy        | Hypnotherapy               | Psychoanalytic Therapy |
| AEDP                         | Dialectical Behavioral Therapy | Imago Relationship Therapy | Psychodynamic Therapy  |
| Behavior Modification        | Drama Therapy                  | Integrative/Eclectic       | Sand Play              |
| Body Oriented Therapy        | EMDR                           | Intersubjective            | Self Psychology        |
| Brief Therapy                | Expressive Arts Therapy        | Jungian                    | Spiritual/Religious    |
| Client Centered Therapy      | Family Systems Therapy         | Object Relations Therapy   | Transpersonal          |
| Cognitive/Behavioral Therapy | Humanistic/Existential Therapy | Play Therapy               |                        |

List insurance companies you accept or indicate "None" if you don't accept insurance

Fees \_\_\_\_\_ Sliding Scale Fee Available  Yes  No

I will be including a digital photo of myself for my profile to be viewed on "Find A Therapist"  Yes  No

**Member Agreement:** I agree to follow the policies, procedures and code of ethics of the profession used by the SGV Chapter, which abides by CAMFT standards. I understand that it is my responsibility to notify SGV Chapter's Membership Chair regarding any modifications or changes to the information that I supplied on this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

In order to be included in the Membership Directory please complete the application and mail it along with a check made out to SGVCAMFT to the following address: San Gabriel Valley CAMFT c/o John Pio, 444 E. Huntington Drive, Suite 333, Arcadia CA 91006 If you have any questions, contact us at: 877-302-5904 or [SGVCAMFT@ureach.com](mailto:SGVCAMFT@ureach.com)