



SAN GABRIEL VALLEY CHAPTER  
California Association Of Marriage & Family Therapists

# 2010 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#: \_\_\_\_\_  \$70 for 1 year  MFT Intern / IMF#: \_\_\_\_\_  \$35 per year

Friend of CAMFT  \$70 for 1 year

Graduate Student  \$35 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 91016



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## **SGV CAMFT MEMBERSHIP SURVEY 2010**

What topics or areas of expertise would you like to see presented by the chapter? Can you provide the names of knowledgeable speakers and how to reach them?

Would you be interested in offering a CEU presentation for a monthly chapter meeting? Y/N \_\_\_  
If yes, please briefly describe your topic.

What activities, committees or projects would you like to see the chapter undertake? In what capacity could you be involved?

If offered, would you be willing to participate in a clinician's support group? Y/N \_\_\_  
Please share your ideas on how this would most effectively support your needs.

As a pre-licensed member, would you be willing to be a chapter's liaison to your graduate school or placement? Y/N \_\_\_  
If yes, please name the school or placement.

Please share any additional comments or questions.

Your involvement is vital to our chapter's growth. Please check off your area of interest. Thanks!

\_\_\_ Membership \_\_\_\_\_ 1-time Volunteer \_\_\_\_\_ Public Relations \_\_\_ Treasury \_\_\_\_\_ Website