



# AAMHIA

Armenian American Mental Health Association

www.aamhawest.org \* info@aamhawest.org \* PO Box 588 Glendale, CA 91209

## MEMBERSHIP APPLICATION

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Degree:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**License Type / #:** \_\_\_\_\_ supervisor name & license type/# if intern: \_\_\_\_\_

**Work Name / Type** (i.e. private practice, agency, school): \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Would you like to join any of our committees?**

No     Social     Education and Program     Website     Outreach and Membership

**Would you like your work information to be listed in our website member directory?**     Y     N

If yes, please also list – 1 population and 1 issue worked with: \_\_\_\_\_

Languages spoken (also eastern/western Armenian dialects): \_\_\_\_\_

Sliding Scale Offered?  Y     N    Insurance Taken?  Y     N    If yes, which ones: \_\_\_\_\_

**Do you hold an active license?**     Y     N

**Have you been denied/revoked membership to other professional organizations?**     Y     N

### Payment Information

**Annual Fee:** \$40

**Renewal Type:**  New Member     Renewing Member

Has your information changed?     Y     N

**Options:**  Cash: \_\_\_\_\_  Check: # \_\_\_\_\_  PayPal: Username / Email \_\_\_\_\_

*Your signature below acknowledges you agree to AAMHA's bylaws and mission/vision statements and membership dues. You further acknowledge that all information you provided is true and accurate:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# INFORMATION

## Payment Instructions

For confidentiality, safety, and other technical reasons, we currently do not take credit card payments or accept cash via mail (cash only in person). We offer two payment options: check and PayPal.

For *both* check and PayPal payment options, please print out this application, fill it out, and mail to PO Box address listed at the top of this application. *If you are a renewing member*, please fill out an application again and indicate whether your information has remained the same or changed so we can update our records. Feel free to make a copy for your records. Upon receipt of your payment, an email will be forwarded to you with an attached membership certificate. Please maintain this certificate for your records.

*If paying by **check***, don't forget to include check# on application and to mail the check along with the printed and filled out application.

*If paying via **PayPal***, please include your username, email address and/or any identifying information to your PayPal account on the application so we can match payment upon receipt of your funds transfer and application. You may also choose to print a receipt from PayPal and include with the application when mailed.

For more information regarding how to create a PayPal account please visit the PayPal website or open the PayPal app. You can create an account from the PayPal homepage or from the app. You can install the app for free from your device's app store. The account creation process is largely the same for both the website and the app. Click "Sign Up for Free" or tap "Sign Up". This will begin the account creation process.

## AAMHA Statements

**MISSION/VISION** - AAMHA is the outcome of a growing need to bring together professionals involved in the field of mental health to assist the expanding needs of the Armenian community. It's **mission** is to provide support to individuals, agencies and organizations that offer mental health services to the Armenian American community and to promote utilization of mental health services to those who need it.

**OBJECTIVE BYLAW** - The Armenian American Mental Health Association (AAMHA West) represents individuals *of Armenian descent* in psychiatry, psychology, marriage and family therapy, social work and other providers of mental health services. Its **goals** include the advancement of mental health as a professional practice and the dissemination of psychological knowledge through meetings, professional contacts, research, reports, papers, discussions and publications. AAMHA prides itself on the establishment and maintenance of the highest standards of professional ethics and conduct in the field of mental health. The association aims to help the Armenian American community with its mental health needs, improve existing mental health services for Armenian Americans and provide leadership in the expansion of culturally relevant mental health services for the Armenian American community.

**MEMBERSHIP BYLAW** - Members of the Association shall be persons who are interested in the advancement of psychology as a science and as a profession. The requirement for acceptance as a **Member** shall be the receipt of a medical degree, doctoral degree or a master's degree in Psychiatry, Psychology or a related field, an enrolled student in a doctoral or master's degree program in Psychiatry, Psychology or a related field, receipt of a bachelor's degree in Psychology or a related field and practice in the field of mental health.