



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 & #: _____ if associate, supervisor name & license type & #: _____

Work Name/Type (i.e. private practice, agency, school): _____

Work Address: _____

Work Phone: _____ Website: _____ Email: _____

Would you like to join a committee? No Membership/Outreach Education/Program Social Website

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

If yes, what you are available for (i.e. referrals, consult, therapy)?: _____

1 population and 1 issue worked with: _____

Languages spoken (if Armenian, list if eastern and/or western dialects): _____

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

Hold an active license? Y N Been denied/revoked membership to other organizations? Y N

Payment Type: New Member Renewing Member, has your information changed? Y N

New Affiliate Member Renewing Affiliate Member, has your information changed? Y N

If you are applying for affiliate membership and do not currently hold a Masters degree in a mental health field, please explain why you would like to join AAMHA and how your professional/personal history demonstrates a strong interest or involvement in the mental health field: _____

Annual due \$40 payable by: Cash: _____ Check#: _____ PayPal (Username/Email): _____

Your signature below acknowledges you agree to AAMHA's bylaws, statements, 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

OBJECTIVES - The Armenian American Mental Health Association (AAMHA) represents professionals of Armenian descent, with MD, Ph.D., or MA/MS degrees in psychiatry; psychology; marriage and family therapy; social work; or other mental health specialties. AAMHA aims at the advancement of mental health knowledge in the Armenian community, and culturally sensitive and appropriate mental health practice, through meetings, professional contacts, research, reports, papers, discussions and publications. It aims at helping the Armenian community with mental health issues, at improving existing mental health services for Armenians and at providing leadership in expanding culturally relevant mental health services to meet the specific needs of the Armenian community. AAMHA also aspires at the establishment and maintenance of the highest standards of professional ethics and conduct in the field of mental health.

MEMBERSHIP - 1) Members of the Association shall be persons who are interested in the advancement of mental health from scientific and evidence-based practice perspectives. 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 mental health-related field. Students enrolled in doctoral or master's degree programs in psychiatry, psychology or a related mental health field are also eligible for membership. 2) An Affiliate Member category of the Association includes individuals who do not fulfill all aforementioned criteria of membership, but have demonstrated a strong interest/involvement in their academic and work performance in the field of Mental Health. Each individual's application for Affiliate membership will be reviewed by AAMHA Board, and approved only if the applicant meets the criteria for Affiliate membership.