

NAMA: National Anger Management Association

MEMBERSHIP APPLICATION

Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____

(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. We will use it to send confirmation of your application.

PROFESSIONAL BACKGROUND

In order for your application to be processed, you must answer ALL questions COMPLETELY

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. With how many clients are you currently working? _____ 1-10 _____ 11-20 _____ 21-30 _____ 30 or more

4. Years of experience providing anger management service: _____ 1-3 _____ 4-6 _____ 7-10 _____ 10 or more

5. 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: _____

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

7. Please indicate if you work for:

Agency Private Practice

8. Are you willing to volunteer to provide time and leadership for NAMA? _____ Yes _____ No

Please Specify: _____

9. How did you hear about NAMA?

NAMA Website Direct Mailing Professional Organization Email Professional Journal _____

Word of Mouth Other - Please specify _____

10. Please include one copy of your Resume or CV with this application.

11. Which Membership Level are you applying: (One year dues covers application fee & first year membership)

Professional Level Fellow Level Diplomate Level Student Level Agency _____
(Dues: \$75/yr) (Dues: \$100/yr) (Dues: \$200/yr) (Dues: \$25/yr) (Contact the NAMA office)

<mailto:info@namass.org>

Checks payable to: **NAMA, 2753 Broadway Suite 395, New York, NY 10025**