

2010 MEMBERSHIP FORM

Forensic Mental Health Association of California
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MEMBER INFORMATION

Name _____
Address _____
(Street) (City) (State) (Zip)
Work Phone (____) _____ Home Phone (____) _____ Email _____
Agency _____ License Type/Number _____

MEMBERSHIP OPTIONS

Note: All memberships are valid for one calendar year.

Auto-Renew

Check here if you would like your membership to be automatically renewed each year and then choose your membership below. You will be notified in the event of membership fee changes and you can cancel at any time. Please note, this option is not available for student memberships.

\$175 Sustaining FMHAC Membership (includes dual membership with IACFP)

FMHAC provides support and education specifically to professionals in forensic mental health. Give a little more to help sustain FMHAC so we can continue to help you give the best care to your mentally ill clients in the criminal justice system. A membership with the International Association for Correctional and Forensic Psychology is included.

\$100 Dual Annual FMHAC and IACFP Memberships

Dual membership to the Forensic Mental Health Association of California and the International Association for Correctional and Forensic Psychology at a discounted rate. Save on conference fees and also receive IACFP's monthly journal and newsletter.

\$50 Regular FMHAC Membership

Becoming a member of the Forensic Mental Health Association is a great way to become more involved and support positive changes in your field and community while getting a discount on conference tuition at the same time.

\$25 Student FMHAC Membership

Regular FMHAC Membership at a discounted rate for full-time students. Please send verification of full-time student status.

Add \$25 to upgrade to a dual membership with FMHAC and the International Association for Correctional and Forensic Psychology at a discounted rate. Save on conference fees and also receive IACFP's journal and newsletter.

PAYMENT

Check Make checks payable to FMHAC (\$50 returned check fee)

Credit Card (VISA/MC)

Card # _____ exp. _____

Cardholder Name _____

Signature _____

Billing Address _____
(Street) (City) (State) (Zip)

Email for confirmation _____