

STUDENT CHAPTER APPLICATION

Forensic Mental Health Association of California
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SCHOOL INFORMATION

Institution Name _____
School Address _____
(Street) (City) (State) (Zip)
Chapter Advisor _____ Lic. Type/Number _____
Phone (_____) _____ Email _____

We would like to form a Student Chapter of the Forensic Mental Health Association of California at our institution. I nominate the students whose names are listed on the enclosed membership forms.

REQUIREMENTS FOR MEMBERSHIP

Membership in an FMHAC Student Chapter is intended primarily for full-time graduate students. However, it is recognized that deviations from this guideline may be appropriate for some institutions, so the ultimate decision on the eligibility for membership will be left to the faculty adviser. However, "interest" should be the primary qualification for membership - academic record or other criteria what would tend to make the Chapter an "honorary" group may not be considered.

DUES AND SUBSCRIPTIONS

Please see the MEMBERSHIP FORM for information on the cost of the various membership categories. Each student should check only ONE category. All memberships include discounted tuition fees for the annual conference.

