



New York Mental Health Counselors Association

New Member Sign Up Form

This is required information for a NYMHCA membership.

Membership Categories

- Professional:** Masters degree or higher in counseling or a related field that covers the basic principles of mental health counseling. Degree is from a regionally accredited institution of higher learning. (Able to vote and hold office)
- Student:** Enrolled at least half time in a graduate program in counseling or related discipline. Not yet licensure eligible. (Not able to vote or hold office)
- Retired:** Masters degree or higher in counseling or related field that covers the basic principles of mental health counseling. Degree is from a regionally accredited institution of higher learning. (Able to vote but not hold office)
- Associate:** Primary work responsibilities are in human resources/personnel. Also eligible are undergraduate students who intend to pursue a Master's in mental health counseling or related clinical field. (Not able to vote or hold office)

***NOTE: Fields in Bold are Required**

Membership Type:

- Professional \$100.00
- Student \$50.00
- Retired \$50.00
- Associate \$35.00

If you are a student,
please include your College/University:

If you are a student,
please include your major:

Title

First Name

Middle

Last Name

Home Address:

Home City:

Home State:

Home Zip:

Home Phone Number:

(xxx) xxx-xxxx

Company Name:

Business Address:

Business City:

Business State:

Business Zip:

Business County:

Business Phone Number: (xxx) xxx-xxxx

Business Fax Number: (xxx) xxx-xxxx

Primary Email Address:

Secondary Email Address:

Birthdate:

- Marital Status: Single
 Single with Children
 Married Couple
 Full Family

Practice Opening Date:

Degrees:

Training and Credentials:

Type of License or Certification held: (LMHC, LMFT, LMSW, etc.)
(enter N/A if not applicable)

State of License:
(choose N/A if not applicable)

Would you like a Membership Certificate suitable for framing? The cost is an additional \$20: Yes No

Please print your name exactly as you would like for it to appear on your Membership Certificate:

- Check any Committees you would like to join:
- Professional Development
 - Governmental Relations
 - Ethics/Bylaws
 - Public Awareness
 - Nominations and Elections
 - Convention Planning
 - Strategic Planning
 - Diversity
 - Fund Raising
 - Student Development

Any other activities or expertise you would like to contribute to NYMHCA:

Would you like information regarding becoming a participant in our Speaker's Bureau?: Yes No
(Speakers Bureau materials will be sent to you by mail with membership material)

Donation to ongoing Legislative Efforts: \$ Dues or donations paid to NYMHCA are not tax deductible.

Please choose a Personal Password:

- How did you learn about this organization?**
- Email Notice
 - Saw Ad
 - Phone Contact
 - Letter
 - From a Colleague
 - National Association Newsletter
 - State Association Newsletter
 - Postcard
 - Website
 - Conference
 - Other

If you would like us to send material for a colleague enter their full name and address:

The Find A Clinical Supervisor Directory

This directory is for those looking for a Supervisor. This service is \$35 per year or \$65 per year if you also select the Expanded Listing on the Find A Counselor Directory.

Would you like to be listed as a Clinical Supervisor?: Yes No

Educational Affiliation:

Average Charge Per Supervisor Session:

Please write a brief statement about your Philosophy of Clinical Supervision:

The Find A Counselor Directory

A Basic Listing is free - and part of your NYMHCA membership. An Expanded Listing will tell potential clients more about you and the services that you offer, including listing your web site address or email address if you desire. An Expanded Listing is only \$35 per year (or \$65 per year with the Find A Supervisor listing).

Would you like to be listed on the Find-A-Counselor Directory?: Yes No

If you choose "YES", your contact information will be accessible to visitors who are looking for a therapist on the NYMHCA.org web site. If you choose "NO", then none of your information will be accessible to visitors who may be looking for a therapist.

If you chose "YES" to be listed on the Find-A-Counselor directory, choose a type of listing: Basic - free Expanded

- Specialties:
- ADD/ADHD
 - Addictions
 - Adoption
 - Adjustment Disorders
 - After Death Care / Funeral
 - Alcohol Abuse / Dependence
 - Anxiety Disorders
 - Biofeedback
 - BiPolar / Mania
 - Child Abuse
 - Corporate Training
 - Counseling/Psychotherapy
 - Couples Counseling
 - Death Education and Training
 - Death / Dying / Bereavement
 - Depression
 - Diagnostic Evaluations

- Disabilities
- Domestic Violence
- EAP - Employee Assistance
- Eating Disorders
- EMDR
- Family Counseling
- Gay / Lesbian, Bisexual and Transgender Issues
- Grief and Loss
- Hospice
- Hypnosis
- Infertility
- Intern Supervision
- Marriage Counseling
- Mediation
- Medication evaluations
- Mens Issues
- Mental Health Education and Training
- Neurofeedback
- Neurological Disorders
- Personal Coaching
- Personality Disorders
- Pet Loss
- Philosophical Counseling
- Play Therapy
- Pre-Marital
- Psychological Disorders
- Relationships
- Schizophrenia
- Sexual Disorders
- Sexual Abuse
- Substance Abuse/Dependence
- Spirituality
- Stress
- Veterans Issues / PTSD
- Volunteer Training
- Womens Issues

Other Associations Memberships:

Find-A-Counselor Directory Expanded Listing Information

This is for all Expanded Listings. You need only to complete this if you are purchasing the expanded listings.

You do NOT need to complete this section if you are not listed on the Find A Counselor Directory or you have a Basic - Free Listing on the Find A Counselor Directory.

Second Office Address:

Second Office City:

Second Office State:

Second Office ZIP:

Second Office Phone Number

How to schedule an appointment:

Email Address: only one address

(If you do not want your email address listed in the Find A Counselor Directory, leave this blank)

Your Web Page Address: http://

Education:
(graduate and post graduate)

Your Gender: Male Female

Type of Therapy conducted: Individual
 Couple
 Family
 Group

Philosophy -
Please write a brief paragraph describing the services you offer and the population you serve:

Years in Practice:

Do you have any special insights for clients of the following ethnicities: African American
 Asian
 Latino
 Native American
 Pacific Islander
 Bi-racial
 Other

Other Ethnic Insights:

Please list all languages spoken fluently:

Average Charge Per Session:

Type of Payment Accepted: Check
 Cash
 Charge
 Insurance

Insurance accepted: Yes No

Type of Insurance accepted:

Print this form. Please make checks payable to NYMHCA. Mail both the registration form and payment to:

NYMHCA
206 Greenbelt Parkway
Holbrook, NY, 11741