



Southwest Riverside County Chapter

Address: P.O. Box 892379, Temecula, CA 92589-2379

Web: www.swrc-camft.org

Email: southwestriversidecountycamft@gmail.com

Name and Degree: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Business Name: _____ Business Phone: _____

Clinical License # _____ Is Your License In Good Standing? Yes () No ()

Are You a Member of Statewide CAMFT? Yes () No ()

CAMFT Member # _____

***Must be a member of statewide CAMFT to join the local chapter, (unless Affiliate member)*

CHECK ONE: New Member Renewal

MEMBERSHIP CATEGORIES (CHECK ONE)

- Clinical (Licensed) \$55.00
- Pre-licensed (Trainee, Intern, Social Worker Associate) \$35.00
- Associate (Licensed in a related mental health field) \$55.00
- Affiliate Practitioner in another field (e.g., RN, Attorney) \$55.00

MAKE CHECKS PAYABLE TO *SOUTHWEST RIVERSIDE COUNTY CHAPTER OF CAMFT*

Send this form with check to: *P.O. Box 892379, Temecula, CA 92589-2379*

Benefits of Membership Include:

- Networking
- Staying connected to other therapists
- Low cost advertising
- Developing peer relations and being less isolated
- Giving and receiving consultation and referrals
- Educational opportunities

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Bring another CAMFT member with you!! Let's keep building our Chapter!!