

PRINT, FILL OUT, & MAIL

Florida Mental Health Counselors Association

Membership Application

Types of membership:

- **Clinical:** All licensed mental health professionals or those who are certified clinical mental health counselors (CCMHC) must join as clinical members.
- **Regular:** Registered mental health counselor interns or those unlicensed professionals with mental health or related field employment.
- **Student:** Enrolled full-time in a graduate program in mental health counseling or related field. Major professor must sign this application form.

****The best deal for clinical members:** Clinical members may join both FMHCA and AMHCA with a unified fee of \$223.00. This is a savings of 20% off joining the associations separately. To take advantage of this dual membership, you must join through AMHCA. Visit AMHCA.org and join online.

Please print or type all information.

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Email _____

Phone _____ Fax _____

Current FMHCA member or other resource who referred me: _____

_____ * **\$96.00 Clinical** - All LMHC's or CCMHC's TIME LIMITED License # _____

_____ * **\$80.00 Regular** - All registered interns or non-licensed professionals License# _____

_____ * **\$40.00 Student** - Full-time graduate student; professor signature required.

Professor's signature _____

_____ * **\$40.00 Retired Clinicians** – License retired.

* Enclose dues payment via check made out to FMHCA in the amount of \$ _____

MAIL YOUR CHECK TO:

FMHCA

1450 W. State Road 434, Suite102 , Longwood, FL 32750

Contact us at: (407) 830-7903, or FloridaMHCA@aol.com or www.floridamhca.org.

Your dues are valid for 12 months from the date of receipt. Dues may be considered ordinary and necessary business expenses less the amount allocated to lobbying expenditures. Estimated portion of dues allotted to lobbying this year is 50 percent