



New Member Application and Membership Renewal Form

MEMBERSHIP TYPE: I AM A **RETURNING MEMBER** **NEW MEMBER** **STUDENT OR INTERN**

Membership Dues: Student or Intern: \$12/year Professional Membership \$30/year
Professional Renewal Before Dec. 31: \$25/year

APPLICANT PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____ Phone Number: _____

PROFESSIONAL INFORMATION

Current Employer/Name of Practice: _____

Employer/Practice address: _____ Position: _____

City: _____ State: _____ Zip Code _____ Phone: _____

Fax: _____ Email: _____

Are you in private practice? Yes No Do you accept referrals? Yes No

PREFERRED METHOD OF CONTACT FOR HLPCA NEWS & UPDATES: Professional P hone email address
 Personal Phone email address

LICENSE INFORMATION

Name on License: _____

License Type: _____ License No.: _____ State: _____ Are you a Supervisor? Yes No

AREAS OF CLINICAL EXPERTISE: (CHECK ALL THAT APPLY)

Populations Treated: Adult Children age range Couple/Marriage Therapy Family Therapy Groups

Addiction/Substance Abuse Anxiety Anger Management Depression
 Eating Disorders Faith Based Gay/Lesbian Issues Learning Disabilities Pain Management
 Personality Disorders Phobia Post-Partum Depression Psychotic/Schizophrenic Disorders PTSD
 Other

WHICH COMMITTEES OR BOARD POSITIONS MIGHT YOU BE INTERESTED IN HELPING OR SERVING ON?

Programs Membership Nominating Social Leadership Financial

PAYMENT INFORMATION

Please Make Checks Payable To: HLPCA , PO Box 729, Stafford, TX 77497-0729 Phone: 713-267-0410

Amount Paid _____ Date of Payment _____ Cash Check _____ Check Number _____

I GIVE MY PERMISSION FOR THE PROFESSIONAL INFORMATION TO BE PUBLISHED IN THE HLPCA DIRECTORY
 I GIVE MY PERMISSION FOR THE PROFESSIONAL INFORMATION TO BE SHARED WITH OTHER PROFESSIONALS IF I HAVE INDICATED THAT I ACCEPT REFERRALS

Signature of applicant: _____ Date: _____

Revised 10/01/11