

# NJAMHAA Individual Membership Application

Thank you for applying for membership in NJAMHAA. We can begin the process of having your membership approved once we receive your completed application. Once your membership is approved, you will be able to share information and network with the agencies that provide behavioral health treatment and support services in New Jersey.

Please include a resume or brief bio with your completed application. For new members joining more than halfway into the fiscal year, the initial dues invoice will be for the amount that covers the remaining months of that fiscal year plus the entire following fiscal year. Thereafter, the member will be billed annually in the beginning of each fiscal year at the current annual dues rate.

## Please provide NJAMHAA with the following information:

Name	Address
Title	City
Degree	County
Phone Fax	State Zip Code
E-Mail Address	Website
Type of Profession	Area of Expertise:
Mental Health Treatment Professional	Clinical
Substance Use Treatment Professional	Financial
Full-Time Student	Advocacy
Other:	Other:
Have you ever been disbarred from professional practice?	
Yes No	
If Yes, Please Explain:	



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Please list three references:		
Why are you joining NJAMHAA?		
How did you hear about NJAMHA	A?	
	y a NJAMHAA member, please provaddress, phone and e-mail):	vide the individual's contact
information (name, organization,		vide the individual's contact
information (name, organization,	address, phone and e-mail):	vide the individual's contact
information (name, organization, Name	address, phone and e-mail):	vide the individual's contact
information (name, organization, Name Organization	Address, phone and e-mail):  Address  City	vide the individual's contact
information (name, organization, Name Organization	address, phone and e-mail):  Address	vide the individual's contact
information (name, organization, Name Organization Phone	Address, phone and e-mail):  Address  City  County	
information (name, organization, Name Organization	Address, phone and e-mail):  Address  City	Zip Code
information (name, organization, Name Organization Phone	Address, phone and e-mail):  Address  City  County	

The annual dues amount are \$275.00 for current and retired professionals and \$110.00 for students. For new members joining more than halfway into the fiscal year, the initial dues invoice will be for the amount that covers the remaining months of that fiscal year plus the entire following fiscal year. Thereafter, the member will be billed annually in the beginning of each fiscal year at the current annual dues rate.

### All materials can be sent to:

#### **NJAMHAA**

3635 Quakerbridge Road, Suite 35 Mercerville, NJ 08619

#### **Shauna Moses**

Vice President, Public Affairs and Member Services (609) 838-5488, ext. 204 smoses@njamhaa.org