

Print and mail to the AHMHP.

Association of Hispanic Mental Health Professionals, Inc.
55 Exchange Place, 5th Floor
New York, NY 10005

Application for Membership

Date of Application: _____ Preferred Mailing Address: (Check One) Home [] Office []

Membership Category and Dues (Check One) General Member (\$50) _____ Student Member (\$25) _____
 Name: _____ Highest Degree: _____ Date of Birth: _____

Home Address: _____
 (Street) (City) (State) (Zip Code)

Home Telephone: (____) _____ Office Telephone: (____) _____

Office Address: _____
 (Street) (City) (State) (Zip Code)

E-mail Address: _____

Student: Field of Study: _____ Expected Graduation Date: _____

Month Year

Education:

.....baccalaureate..... graduate..... postgraduate:

Institution _____

Degree _____

Year _____

Field _____

Professional Experience (List in reverse order, starting with present position):

.....Present/Most Recent..... Last Position..... Next:

Institution _____

Position _____

Dates _____

Field(s) of Specialization: 1. _____ 2. _____ 3. _____

Special Interests (List areas in which you are available for public speaking, workshops, publications, and other collaboration):

1. _____ 2. _____ 3. _____

Signature: _____

Note: Make your check or money order payable to the "Association of Hispanic Mental Health Professionals."

Mail to: **Association of Hispanic Mental Health Professionals, Inc.**

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MEMBERSHIP INFORMATION

The Association of Hispanic Mental Health Professionals, Inc. is an organization of professionals working in New York's mental health care system. The Association is interested in addressing the problems that affect the mental health status of Hispanics and aims to contribute to the development of an equitable mental health system. Mental health professionals in the fields of psychiatry, psychology, social work, nursing, and other allied disciplines are eligible for membership. There are two categories for which prospective members may apply.

General Member Annual Dues: \$50.00

An individual who has obtained a graduate degree in any of the recognized mental health professions, or a baccalaureate degree accepted for entry-level professional practice in the mental health field (e.g. B.S.W.). An individual in an other than traditional mental health discipline or an individual possessing a graduate degree in any of the recognized mental health disciplines who is interested in Hispanic mental health issues. Applicants who possess baccalaureate degrees and are presently employed in the mental health field are accepted in this category. Other professionals (e.g. attorneys, judges, non-psychiatric physicians, legislators, elected government officials, etc.) interested in Hispanic mental health issues, advocacy, and research are eligible for membership in this category. Members' responsibilities include: participation in and implementation of policies, programs and activities of the organization; nomination and election of officers; nomination of new members to the organization; attendance at all regular and extraordinary meetings, as well as the Annual Meeting of the membership; sustaining an active involvement and interest in the field of mental health with special concern for the Hispanic community; payment of annual dues; right to be nominated and hold office.

Student Member Annual Dues: \$25.00

An individual currently seeking a graduate degree in any of the recognized mental health disciplines or a baccalaureate degree accepted for entry-level professional practice in the mental health field (e.g. B.S.W.). Responsibilities are the same as those of General Members with the exception of the right to nominate and elect officers and the right to be nominated and hold office.

Questions regarding membership should be addressed the Membership Committee:

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