

2009 MEMBERSHIP FORM

Forensic Mental Health Association of California
660 Fourth Street #295 • San Francisco, CA 94107-1618
415.407.1344 PH • 415.358.4757 FX
www.fmhac.net • fmhac@fmhac.net

MEMBER INFORMATION

Name _____
Address _____
(Street) (City) (State) (Zip)
Work Phone (____) _____ Home Phone (____) _____ Email _____
Agency _____ License Type/Number _____

MEMBERSHIP OPTIONS

Note: All memberships are valid for one calendar year.

\$125 Sustaining FMHAC Membership
(___ FMHAC only) or (___ FMHAC and IACFP)

FMHAC provides support and education specifically to professionals in forensic mental health. Give a little more to help sustain FMHAC so we can continue to help you give the best care to your mentally ill clients in the criminal justice system.

\$100 Dual Annual FMHAC and IACFP Memberships

Dual membership to the Forensic Mental Health Association of California and the International Association for Correctional and Forensic Psychology at a discounted rate. Save on conference fees and also receive IACFP's monthly journal.

\$50 Regular FMHAC Membership

Becoming a member of the Forensic Mental Health Association is a great way to become more involved and support positive changes in your field and community while getting a discount on conference tuition at the same time.

\$25 Student FMHAC Membership

Regular FMHAC Membership at a discounted rate for full-time students. Please send verification of full-time student status.

PAYMENT

Check Make checks payable to FMHAC (\$50 returned check fee)

Credit Card (VISA/MC)

Card # _____ exp. _____

Cardholder Name _____

Signature _____

Billing Address _____
(Street) (City) (State) (Zip)

Email for confirmation _____