



UTAH MENTAL HEALTH COUNSELORS ASSOCIATION
UMHCA IS THE UTAH STATE CHARTER OF THE AMERICAN MENTAL HEALTH
COUNSELORS ASSOCIATION (AMHCA)

2008 Membership Application

OPTION 1: JOIN AMHCA AND UMHCA: (FOR PROFESSIONAL MEMBERS ONLY)

UMHCA has joined with AMHCA to offer a "unified dues" program. Members choosing to take advantage of this program will be able to conveniently join both AMHCA and UMHCA online, **at a 20% discount!** In addition, you will receive the benefits of both organizations (see <https://www.amhca.org/benefits/> and <http://www.umhca.org/member-benefits.html>). One major AMHCA benefit is professional liability insurance plans at low "members-only" rates. To join both, select the Utah "Unified Dues" option at:

<https://www.amhca.org/forms/MembershipOnlineRenewal.asp>

NOTE: If you join UMHCA online via the AMHCA unified dues program, it is not necessary to complete any information on this form, nor is it necessary to remit your dues directly to UMHCA. AMHCA will coordinate everything.

OPTION 2: JOIN UMHCA (PROFESSIONALS AND STUDENTS)

2008 Dues: \$45 Professional / \$30 Graduate Student

Name: _____ Date: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Please check all of the following that describe you:

- | | |
|--|--|
| <input type="checkbox"/> Membership Renewal | <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Certified Professional Counselor Intern (CPCI) | <input type="checkbox"/> Licensed Professional Counselor (LPC) |
| <input type="checkbox"/> Other Not Listed _____ | |
| <input type="checkbox"/> Student in Counseling Program _____ (University) | |
| <input type="checkbox"/> Student in Social Work Program _____ (University) | |

We invite your involvement in UMHCA! Please indicate on which of the following subcommittees you are willing to serve:

- | | |
|---|---|
| <input type="checkbox"/> Public Awareness and Advocacy
Mental Health Awareness, Public Relations, Net-
working with other Professions | <input type="checkbox"/> Professional Development
Conferences, Workshops, Training, Research |
| <input type="checkbox"/> Membership and Benefits
Newsletter, Web Site | <input type="checkbox"/> Graduate Students
Honors, Recruitment, Recognition, Awards |
| <input type="checkbox"/> Public Policy and Legislation
Licensing, Code of Ethics, "Any Willing Provider" Legislation | |

Please make your check payable to UMHCA and mail with your application to:

UMHCA

P.O. Box 571713

Murray, Utah 84107-1713

Thank you for your support!