

HUDSON VALLEY GUILD OF MENTAL HEALTH PROFESSIONALS

www.hudsonvalleyguild.com
MEMBERSHIP APPLICATION

Please read the Mission Statement below. You acknowledge your agreement with the Mission of "The Guild" when you apply for membership and sign this membership application.

MISSION STATEMENT

The Hudson Valley Guild of Mental Health Professionals is an association of practitioners dedicated to:

1. Promoting and preserving the basic rights of mental health consumers.
2. Promoting the viability of agency and private mental health practice.
3. Informing and educating the public about mental health issues.
4. Affiliating to mutually support and learn from one another.

Membership in the Hudson Valley Guild consists of mental health practitioners in both private practice and agencies whose primary client base has a DSM-IV diagnosis.

Members must have the following qualifications:

-- Licensed in their disciplines, e.g., Psychiatrists, Psychologists, Clinical and Master Social Workers, Nurses, Creative Arts Therapists, Marriage and Family Therapists, Mental Health Counselors or Psychoanalysts.

OR

--Hold a Masters degree or its equivalent in a mental health-related field.

OR

--Credentialed Alcohol and Substance Abuse Counselors (CASAC).

OR

--Full-time or part-time students who are studying with the intention to become mental health practitioners.

OR

--Emeritus members who are not currently active in the field.

All members are full voting members. Membership fee is \$75 for the initial calendar year and \$50 for each succeeding year. Membership fee for student and emeritus members is \$25.

The benefits and rewards of membership include: professional and personal networking; free admission to Guild meetings and events; the opportunity to become a preferred provider for certain insurance plans; an individualized page on the Guild website; membership in our on-line group and email list which provides notification of Guild and other professional activities of interest, referral opportunities, notification of office rentals/shares, therapy and support groups run by Guild members, etc. Other activities may be developed depending on membership interest (e.g. group health insurance, malpractice insurance).

The following information is required for membership: PLEASE PRINT CLEARLY

Name and Credentials: _____

Email address: _____

Mailing Address: _____

Telephone Number (s): Work _____

Alternate Work _____

Membership Type: Check one:

Full (\$75) Student (\$25) Emeritus (\$25)

License: Type: _____ License Number: _____

Professional Education:

School(s) _____

Degree (s) _____

Current Work Setting(s) : Check applicable lines and provide information:

Private Practice(1) : Name : _____
Location: _____

Private Practice(2) : Name : _____
Location: _____

Agency/Company(1) : Name: _____
Location: _____

Agency/Company(2) : Name: _____
Location: _____

Student: School _____

Not currently employed in mental health field

Do you currently have Malpractice Insurance? Yes No

Do you wish to be included in our Yahoo egroup/ mailing list? (This group is not open to the public): Yes No

Do you wish to be included on our Website, www.hudsonvalleyguild.com ?

Yes No

(The website information is made available to the public)

I attest that the information I have supplied is accurate and I acknowledge agreement with the mission of the Hudson Valley Guild as stated above.

Signature: _____

Date: _____

MAIL COMPLETED APPLICATION TO:

**Donna Sorgen, Membership Committee
PO Box 806
Woodstock, NY 12498**