

Membership Application: Academic Year July 2024-June 2025
Membership DUE by 11/1/2024

Membership

Each college is a voting member. Dues as set by Article V. Open to licensed mental health professionals employed by a California Community College whose primary job duties are the provision of student mental health services in a CCC.

- One licensed therapist = \$75
 Two licensed therapists = \$150
 Three or more licensed therapists = \$200

Associate Health Professional

Health Professional Consultant (One individual only). Dues set by Article V. Once the institution is represented by a licensed mental health professional, a licensed health professional working in a California Community College campus student health center with primary responsibility for student health services may join. Must be a current member of the Health Services Association of California Community Colleges (HSACCC).

One Licensed Associate Health Professional = \$25

Associate Membership

Open to associate members as defined in CCCMHWAs Bylaws, Article IV. Dues as set by Article V. Once the institution is represented by a licensed mental health professional, any additional community college mental health advocate may join the organization as an associate member. Examples are Deans, Vice Presidents, Psychology or Sociology instructors, or others.

Each Associate = \$25

Trainees/Student Interns, Emeritus, and Honorary (Non-Voting categories)

A trainee or student intern is an individual enrolled in a formal mental health training program at a CCC under the supervision of a Regular or Associate Member. Emeritus status is granted by the organization upon an individual's retirement. Honorary memberships are granted by the Executive Committee for distinguished contributions to MHWA's aims.

Trainees, Emeriti, & Honorary Members = FREE

New College Renewing

Name of College:	Name of District:
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Address:	City & ZIP Code:
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Note: MHWA communications will be sent to your work email address, unless you indicate otherwise.

Licensed - see above
 Associate Health Professional \$25
 Associate \$25
 Trainee/Emeritus/Honorary

Name:	Degree & License Number:
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Job Title:	Department/Area:
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Work Email:	Work Phone:
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Licensed - see above
 Associate Health Professional \$25
 Associate \$25
 Trainee/Emeritus/Honorary

Name:	Degree & License Number:
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Job Title:	Department/Area:
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Work Email:	Work Phone:
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Work Email:	Work Phone:
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IF PAYING BY CHECK:

Make check payable to CCCMHWAs (no purchase orders).

DO NOT put any other name/college on the check.

Mail completed packet (check plus application) to:

MHWA, % Alison Johnson, PsyD

Pasadena City College Personal Counseling

1570 E. Colorado Blvd, D-203

Pasadena, CA 91106

IF PAYING ONLINE:

Complete this form and email it to

cccmhwa@gmail.com

Then go to

<https://www.mhwa.org/online-payment.html>

to pay your total via credit or debit card.

QUESTIONS? Write to cccmhwa@gmail.com