CALIFORNIA COMMUNITY COLLEGE
MENTAL HEALTH & WELLNESS ASSOCIATION

Membership Application: Academic Year July 2026-June 2027

Membership DUE by JULY 1 2026

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 mental health professional shall be designated as the voting representative for the college. Each representative must register on the college's application in order to receive "member discounts" on conferences and other offerings.

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

Associate Health Professional (Non-Voting category)

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 (Non-Voting category)

Open to associate members as defined in CCCMHWA Bylaws, Article IV. Dues as set by Article V. The institution must first be represented by a licensed mental health professional. After this, an additional community college mental health advocate may join the organization as an associate.

Each Associate = $25 ❑

Prelicensed MH Counselors, Emeritus, and Honorary (Non-Voting categories)

A prelicensed mental health counselor is an individual under the supervision of a Mental Health Professional whose primary duties are providing mental health services to CCC students. 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.

Prelicensed, Emeriti, & Honorary Members = FREE

IF PAYING BY CHECK	**IF PAYING ONLINE**
Make check payable to CCCMHWA **No purchase orders** **DO NOT put any other name OR college on the check** Mail completed packet (check plus application) to: MHWA c/o Tim Leslie, PsyD, LMFT 1140 West Mission Road, NB-2 San Marcos, CA 92069	**Complete this form and email it to** **cccmhwa@gmail.com** **Then go to** **https://www.mhwa.org/store/c9/MHWA_Membership.html to pay your total via credit or debit card** **QUESTIONS? Write to cccmhwa@gmail.com**

❑ **New Member College** ❑ **Renewing Member College**

Name of College:	**Name of District:**
Address:	**City & ZIP Code:**

Representatives for College

Note: MHWA communications will be sent to your work email address, unless you indicate otherwise

Add additional page 2 as needed for additional staff

❑Licensed Mental Health Professional $75 ***(a college's first representative must be a mental health professional)***

Name:	Degree & License Number:
Job Title:	Department/Area:
Work Email:	Work Phone:

❑Licensed $75 ❑Associate Health Professional $25 ❑Associate $25 ❑Trainee/Emeritus/Honorary

Name:	Degree & License Number:
Job Title:	Department/Area:
Work Email:	Work Phone:

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❑ **New Member College** ❑ **Renewing Member College**

Name of College:	**Name of District:**
Address:	**City & ZIP Code:**

❑Licensed $50 ❑Associate Health Professional $25 ❑Associate $25 ❑Trainee/Emeritus/Honorary	
Name:	Degree & License Number:
Job Title:	Department/Area:
Work Email:	Work Phone:

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

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

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

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

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