****Korean American Behavioral Health Association

**한 미 정 신 건 강 협 회**

| **NEW membership form** | | | |
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| **Applicant Information** | | | |
| Name: (Korean)  (English) | | | Date of birth: |
| Email: | Phone: | | |
| Current address: | | | |
| City: | State: | ZIP Code: | |
| Current occupation: | | How long? | |
| Area of expertise: | Highest level of education: | | |
| **Employment Information** | | | |
| Current employer: | | | |
| Employer address: | | | |
| City: | State: | ZIP Code: | |
| Position: | | Licensed position? Y N | |
| **school information (student Members only)** | | | |
| Area of Study: | | | |
| Name of School: | | Degree to Pursue: | |
| City: | State: | ZIP Code: | |
| **Signatures** | | | |
| I authorize the verification of the information provided on this form as to my credential and employment. | | | |
| Signature of applicant: | | Date: | |

Membership (check one)

Regular membership (per year): $ 100 Student membership (per year): $ 30

 Board members (per year): $300

**Please send your application and membership fee to:**

**Korean American Behavioral Health Association**

**P.O. Box 580265**

**Flushing, NY 11358**