****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**