

AMERICAN ASSOCIATION OF ANGER MANAGEMENT PROVIDERS

MEMBERSHIP APPLICATION

Membership Type: General Fellow Diplomate

Name: _____

Address: _____

City, State, Zip Code: _____

Country: _____

Date of Birth: _____

Social Security Number: _____

Employer: _____

Employer's Address: _____

Office Phone: _____

Home Phone: _____

Fax: _____

Email Address: _____

State License(s) or Certification
(if any): _____

Practicing Specialty: _____

Professional Affiliations: _____

Professional Liability Insurance: _____

Print Name

Signature

Date

Please fill out this form and send with:

- Application fee* of \$100 for General Membership, \$150 for Fellow, or \$200 for Diplomate status (non-refundable) made out to AAAMP

*General members are providers who have not been specifically trained in Anger Management but may still be providing it as a service.

*Fellows are those who have been specifically trained in the field of Anger Management and have been providers for at least one year.

*Diplomates are providers who have been specifically trained and have published works in the field of Anger Management

www.aaamp.org

Return a signed copy to:

American Association of Anger Management Providers
12301 Wilshire Blvd., Suite 418
Brentwood, CA 90025
310-207-3591

Once application is complete, please send a bio and picture of applicant via e-mail to membership@aaamp.org