

North Carolina Infant and Young Child Mental Health Association NCIMHA

Membership Form

NCIMHA website: <https://www.ncimha.org>

Contact NCIMHA at email: ncimha1@gmail.com



First Name*: _____

Last Name*: _____

Degree(s) and/or Licensure: _____

Discipline/Profession: _____

Street Address or PO Box*: _____

City*: _____

State*: _____

Zip Code*: _____

COUNTY*: _____

Phone - Home/Cell: _____

Phone – Work: _____

Email Address*: _____

Student Member Discount: Must be currently enrolled in degree seeking program. Please enter name of institution _____

Please check any committees in which you would like to participate.

- Professional Development and Education
- Membership/Sustainability
- Board Development
- Communications, Advocacy, Social Marketing
- Special Time-Limited Tasks
- None at this time

Memberships runs on a 12 month cycle around the NCIMHA Annual Meeting usually held in early November. Membership - \$ 50.00 Student Membership - \$ 35.00

Send Checks & Membership Form to:
John Ellis, Membership Chair
2512 Shelburne Place
Charlotte, NC 28227

Please make **Checks** out to: *NCIMHA*