

2017 NET Membership Application

Please Complete Application & Mail with Payment To:

****** The NET: Attention Treasurer P.O. Box 58461 Houston, TX 77258******

Part 1: Website/Contact Information:

Please omit any information you do not want listed on The NET Website:

Name: _____ Credentials: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

Website: _____

*****LPC Interns only: Please list Supervisor:** _____

Population Served: (Check all that apply)

___ Children ___ Teenagers 17 & under ___ Adults 18 & above ___ Elderly

___ Individuals ___ Couples ___ Families ___ Groups

Insurance(s) Accepted: _____

Self-Pay: _____

Clinical Interest: (Check all that apply)

___ Depression/Mood Disorders ___ Anxiety/Stress/Panic Attacks/PTSD

___ Grief/Loss/Trauma/Crisis Intervention ___ Anger/Domestic Violence

___ Court Related Services/Mediation ___ Drugs/Alcohol Addictions

___ Relationship/Separation/Divorce/Blended Families ___ Eating Disorders

___ Sexual Addictions

Other: _____

Membership Type: (\$45 Jan-Dec each Calendar Year) ___ New ___ Renewal ___ Update Only

Membership Dues: ___ Individual (\$45) ___ Student (\$20) ___ Single Meeting

Date Paid _____ Method Paid _____ Check (#) _____ Cash _____