



CoAIMH 2010

Membership Application & Questionnaire

2009 CoAIMH Membership information

- Professional Membership – : **\$45** (\$30 if paid by January 31, 2010)
- Student member: **\$25** (\$15 if paid by January 31, 2010)
- Organizational memberships are available: **\$200** for 10 employees of the same organization (must list names of employees being registered at the time of application)
- Scholarship membership available based on need. Contact CoAIMH Treasurer for details.
- Memberships are for the 2010 calendar year only and will be renewable in 2011.

Make checks payable to: CoAIMH

Return form and payment to:

Betsy Rogers
 Early Childhood and Family Center
 Aurora Mental Health
 11059 E. Bethany Drive Suite 200
 Aurora, CO 80014
 (Form may be submitted by email to **BetsyRogers@aumhc.org**)

Benefits of Membership include:

- Attendance at quarterly CoAIMH meetings at no cost
- Inclusion in CoAIMH Membership Directory
- Discounted conference rates
- Invitations to attend CoAIMH special events/conferences
- Voting privileges for officers and bi-law revisions
- Member login privileges on CoAIMH website

First Name: _____ Last Name: _____

Organization: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

E-mail Address: _____

Are you a member of WAIMH? _____

(Please note: WAIMH membership is optional. However, a portion of your WAIMH dues benefits CoAIMH, so please indicate your affiliation with CoAIMH when you join or renew your membership to WAIMH)



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Please complete information on next page

Profession:

(Please check **ONE** that best describes your current role as it relates to infant mental health)

- Administrator or Director (please specify) _____
- Allied health professional (PT, OT, Speech) _____
- Early Childhood Educator
- Medical Doctor
 - Psychiatrist _____
 - Pediatrician _____
 - Neonatologist _____
 - Other _____
- Nurse
- Psychologist
- Child Development Researcher
- Service Coordinator
- Social Worker
- Counselor
- School Psychologist
- Parent of a child with mental health needs
- Other (Please specify) _____

Specialty Areas:

- | | |
|--|---|
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Neuroscience |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Psychoanalysis |
| <input type="checkbox"/> Infant Mental Health | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Marriage and Family Therapy | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Maternal Mental Health | _____ |
| <input type="checkbox"/> Prenatal/Perinatal issues | |

Would you like to have your name, contact information, and biography listed in our membership directory? yes no (Deadline for inclusion is January 31, 2010)

Please provide us with a brief biography for the directory. Biographies should include credentials (e.g. LCSW), place of employment, and areas of interest or expertise (50 word limit).