



Membership Application

Membership runs January 1st- December 31st 2018

A complete membership application includes both payment & submission of current year membership application

Name: _____

Membership Type:

- Child Life Specialist \$25
- Educator \$25
- Associate (i.e. Child Life Assistant, Music Therapist) \$25
- Student (i.e. practicum student, intern, fellow) \$20

If you are renewing - is your information the same as last year? Yes No

Are you certified through the Child Life Council? Yes No

If you are a student, have you completed a practicum? Yes No Internship? Yes No

Hospital/ University Affiliation: _____

City, State: _____

Position/ Title: _____

Department, Unit: _____

Mailing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Home/ Cell Phone: _____ Work: _____

Email Address: _____

Do you want your contact information shared in the membership directory? Yes No

Directory Information shared: Name, Hospital /University Affiliation, Title, Department, Email Address

Are you interested in being part of a committee? Yes No

Please send applications to:

Maureen Stys
16036 Birwood Ave
Beverly Hills, MI 48025
childlife.glaclp@gmail.com