



Membership Application

Membership runs January 1, 2017 to December 31, 2017

Name: _____

Membership Type (only select one):

- 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: _____

Phone: _____ Work: _____

Email Address: _____

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

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

Office Use Only

Payment Amount: \$25 \$20 \$15 \$10
Payment Type: PayPal Cash Check # _____

Checks payable to GLACLP or Great Lakes Association

Received by: _____ Date Received: _____

Membership Dues Paid Annually-due December 31st each year