



## Membership Application

**Membership runs January 1<sup>st</sup>- December 31<sup>st</sup> 2019**

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

(If your information is the same, please move to the last portion)

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:

Tiffany Heinz  
6367 Strawberry Lake Rd.  
Whitmore Lake, MI 48189  
childlife.glaclp@gmail.com