



Membership Application

Membership runs January 1st- December 31st 2020

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

Name: _____

Membership Type:

- | | | |
|--------------------------|--|------|
| <input type="checkbox"/> | Child Life Specialist | \$25 |
| <input type="checkbox"/> | Educator | \$25 |
| <input type="checkbox"/> | Associate (i.e. Child Life Assistant, Music Therapist) | \$25 |
| <input type="checkbox"/> | 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