



Building the Future of CBT

National Association of Cognitive-Behavioral Therapists

102 Gilson Avenue
Weirton, WV 26062
(800) 853-1135 Fax: (304) 723-3982

Membership Application

Personal Information

1. Name _____ Title: Dr. _____ Fr. _____
Mr. _____ Rev. _____
2. Street Address _____ Ms. _____ Other _____
- City _____ State _____ Zip _____
3. Work Phone () _____ Home Phone () _____
4. Social Security Number _____ (Required for Membership Number)
5. Date of Birth _____ (Requested, but not required)

Employment Status / Environment

1. Status Full Time Employment Part-time Employment Self-Employed
 Independent Contractor Unemployed Other _____
 Full Time Student Part-time Student
2. Setting Community Mental Health Center EAP Program
 Hospital Private Clinic
 College / University Church-based program
 Private Practice Military
 Government / State Agency Other _____

(Over, Please)

Mailing Address: P.O. Box 2195, Weirton, WV 26062

E-Mail: nacbt@nacbt.org Web Site: www.nacbt.org

Education

1. Highest Degree Earned from a Regionally Accredited Institution

BA MA MSW Ph.D. DSW RN
 BS MS M.Ed Psy.D. MD Other _____

2. Degree granted in what field of study?

Psychology (Clinical) Medicine
 Psychology (Counseling) Nursing
 Counseling Theology
 Social Work Other _____

Membership Application

1. Type of Membership

Professional (\$25 / Year) Student* (\$10 / Year)

2. Method of Payment (Please Circle One)

MasterCard VISA American Express Discover

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____

Personal Check Money Order Cashier's Check (No Cash Accepted)

Mail this application along with payment to the address above.

I, _____ do hereby submit my application for membership in the National Association of Cognitive-Behavioral Therapists. I have read the NACBT's code of ethics and agree to abide by them. I also agree to do my best to represent the NACBT well and to promote the practice of cognitive-behavioral therapies to the best of my ability.

Signed

Date

*Students must submit proof of current enrollment in a graduate or undergraduate mental-health-related program.