



**California State University, Northridge
Marriage & Family Therapist Alumni / Student Network**

APPLICATION FOR MEMBERSHIP

DATE _____

New _____ Renew _____

If you are an Intern or Licensed Professional, would you like your business address and telephone number included on a general CSUN-MFT A/SN roster? YES ____ NO ____

Name and Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____ Language(s) Spoken _____

Affiliations _____

Would you like to get more involved with CSUN-MFT A/SN? YES ____ NO ____

How would you like to be involved? _____

Are there activities you would like to see promoted? _____

Mark as appropriate: CSUN Alumni (year of graduation _____)
 CSUN Graduate Student (year of anticipated graduation _____)

**Membership Fee for New & Renewal is \$10.00 for Students & \$20.00 for Alumni
Please make your check payable to Heidi Kwok, Treasurer.**

Mail check and completed application / renewal form to:
**Dr. Stan Charnofsky – CSUN-MFT A/SN
CSUN Department of EPC
18111 Nordhoff Street
Northridge, CA. 91330-8265
For more information / questions: 818-677-2548**