

THE NET CONNECTION  
(Of Mental Health Providers)

**MEMBERSHIP FORM**

(You may also email this information to csloat@austin.rr.com to be included in the directory.)

Name: \_\_\_\_\_

Credentials:  Phd.  M.Ed.  LBSW  LCDC  LCSW  LMFT  LMSW  LPC  LPC-I  LPC Supervisor  
 Other \_\_\_\_\_

I attest that I am in good standing with my licensing boards and agree to uphold the ethical codes of my license.

\_\_\_\_\_ signature of applicant

**Membership type:**

- Full membership** - open to any licensed professional practicing without supervision in the field of psychotherapy, professional counseling, marriage and family counseling, social work, psychology, or psychiatry.
- Intern membership** - includes LPC-Intern, LBSW, and LMFT-Associate.
- Affiliate membership** - available to those in a related field.
- Student membership** - available for students in a course of study in a curriculum related to psychotherapy.

Business Address: \_\_\_\_\_ (Private Practice/Employed)

Work No. (To List In Directory): \_\_\_\_\_ Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Do You Have A Website? Y  N

If You Want It Linked To The Net Connection Site, List It Here: \_\_\_\_\_

E-Mail Address (To Use For Notices from TNC): \_\_\_\_\_

Do you want it published on the website Y  N

Languages Other Than English \_\_\_\_\_

Clinical Focus (this helps with referrals): \_\_\_\_\_

Populations Seen: \_\_\_\_\_

Insurance Panels: \_\_\_\_\_

Would You Be Willing/Able To Help With TNC Activities?  Y  N

If Yes, Your Talents Or Interests: \_\_\_\_\_

**Current Membership Annual Dues: \$50.00 (CEUs included). Students: \$25.00 No CEUs**

Amount \_\_\_\_\_

Check No: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to : Conrad Sloat, LPC 1100 Round Rock Ave #107B Round Rock, TX 78681

\*\*\*\*\* RECEIPT \*\*\*\*\*

Name: \_\_\_\_\_

Date Joined: \_\_\_\_\_

Amount \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_

Received by : (TNC Rep) \_\_\_\_\_