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2759 Delk Rd

Suite 2425

Marietta, GA 30067

Phone: 404-503-8069

Fax: 770-690-9431

**MEMBERSHIP APPLICATION**

Name (*exactly as wanted on certificate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate whether the address above is your: \_\_\_ Home Address or \_\_\_ Business Address

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (***Please enter Email address carefully)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_

Website: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(Agency or Affiliation if Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL BACKGROUND**

**In order for your application to be processed, you must answer ALL questions COMPLETELY**

**1.** Type of Credentials:

\_\_\_CADC \_\_\_LPC ­­ \_\_\_LSW \_\_\_LCSW \_\_RN \_\_\_LMFT \_\_\_PhD \_\_\_MD \_\_\_LADC \_\_\_CAC \_\_\_CAMS

\_\_\_ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License No. (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_

**2.** Please indicate if you work for: \_\_\_\_ Agency \_\_\_\_ Private Practice

**3.** How did you hear about NASTAS?

\_\_\_ NASTAS Website \_\_\_ Professional Organization \_\_\_ Email \_\_\_ Professional Journal

\_\_\_Word of Mouth \_\_\_ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Please include one copy of your Resume or CV with this application.