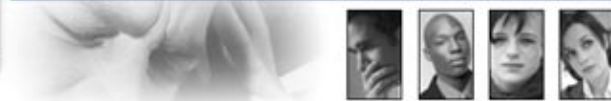




American Mental Health Counselors Association



FullnameXXXXXXXXXXXX  
 OrganizationXXXXXXXXXXXX  
 xxaddressXXXXXXXXXXXX  
 xxcityXXXXXXXXXX/state/zipxx  
 xxxxxxbarodeXXXXXXXX

**SPECIAL INVITATION TO JOIN AMHCA:  
 RECEIVE 15 MONTHS MEMBERSHIP FOR THE PRICE OF 12**

Dear Firstname,

It is my privilege to invite you to [hold a membership in] [return as a member of] the American Mental Health Counselors Association.

[empty] [As you know,] AMHCA membership is an honor held by select mental health counselors who find it an invaluable credential, an unparalleled professional benefit, and a source of information and support in challenging times.

[Firstname], if you're like most professional mental health counselors, your career has never been more challenging.

Once, professional mental health counselors worked with clients in improving their lives. Now, you have access to services. Keeping up with rapidly changing costs. Maintaining your license.

We at AMHCA are here to help you address these challenges for you and offered only by the AMHCA—the one professional mental health counselors.

Now is the best time to join your colleagues in AMHCA at the special Invited Member rate for Clinical and Associate membership for a full 15 months.

**What Inside Information Do You Miss By Not Joining Today?**

- Join today and ... stay current with the *Advocacy* legislative bulletins, licensure updates, practice news, and more.
- Read the *Journal of Mental Health Counseling*, providing you with the most current and illuminating background from in-depth research on clinical studies and counseling practice.
- Receive late-breaking legislative, public policy and court opinion news from the *e-News from Washington* electronic newsletter.
- Attend our *Annual Conference program*, held July 2006 in St. Louis, MO and learn from timely presentations and open discussions with peers.
- In thirty states [empty] [including xx] you can join and participate in networking events with your colleagues [empty] [including xx] (over, please)

801 North Fairfax Street, Suite 304 • Alexandria, Virginia 22314 • Phone: 703.548.0002 • Fax: 703.548.4775 • www.amhca.org

**AMHCA MEMBER INVITATION**

Yes, Mark, I accept your invitation to become an AMHCA member today.

**Special Membership Offer: 15 Months for the Price of 12 (see reverse for definition)**

- Clinical: \$139     Regular: \$139     AMHCA plus State: (N/A)  
 Associate: \$90     Student/Extended: \$60     Retired: \$40

FullnameXXXXXXXXXXXX  
 OrganizationXXXXXXXXXXXX  
 xxaddressXXXXXXXXXXXX  
 xxcityXXXXXXXXXX/state/zipxx

I certify that I have met all the criteria for my membership category. I pledge to uphold and abide by AMHCA's Code of Ethics (please review [www.amhca.org/ethics.html](http://www.amhca.org/ethics.html)).

Signature: \_\_\_\_\_

**Payment Method:** Professional dues may be tax-deductible!

Enclosed is a check or money order payable to AMHCA.

Please charge my membership dues to my:

- Visa     MasterCard     American Express     Discover

Amount authorized \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Please print name as it appears on card.



Mail your application to:  
 AMHCA c/o Wachovia Bank  
 P.O. Box 758717  
 Baltimore, MD 21275

Fax to: 703-548-4775

Call us at: 800-326-2642, ext. 103  
 or 703-548-6002

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention:  
 Membership Enclosed



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**Important News for All Professional Mental Health Counselors**

