

# **SIMHA MEMBERSHIP RENEWAL 2016**



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

**Email:** \_\_\_\_\_

**Membership Category in 2016:**    Clinical [  ]                    Associate [  ]                    Student [  ]

SIMHA needs your help. We request that you join at least one committee. You will be contacted by the head of the committee for further instructions:

- [  ] Website
- [  ] Marketing
- [  ] Membership and Directory
- [  ] Treasurer
- [  ] Events

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form along with the following\*:

- Membership fee (800 RMB for clinical members; 600 RMB for associate members; 300 RMB for student members)
- Valid professional license for 2016
- Copy of Non-tourist visa for 2016

If you have any questions, please contact Dr. Nate Balfanz: [nate.balfanz@amc-shanghai.cn](mailto:nate.balfanz@amc-shanghai.cn)

## **Supervision Information For Associate Members**

SIMHA requires that Associate Members submit supervision information if they would be required in their country of training to receive supervision according to their credentialing. Current Supervisors Name, Country and Credentials:

\_\_\_\_\_

Frequency of Supervision (number of hours per week or month):

\_\_\_\_\_

\*Please note that membership dues are non-refundable should a member become inactive during the course of 2016.

\*Also note that forms and dues must be received by January 31st, 2016

### **For Office Use:**

**Membership fee collected by:** \_\_\_\_\_

**Date:** \_\_\_\_\_