

Society for the Advancement of Modeling and Role-Modeling
Membership Application

Please print this form

Name _____

Address _____

Email _____

Phone: Home _____ Cell _____ Work _____

Profession _____ Highest Degree _____

Employer/Agency Affiliation _____

Position _____

Area of specialication _____

In what ways do you use MRM theory? Check all that apply.

Clinical Practice Research Personal

Education Student Other

Would you like to be involved in the operations of SAMRM? Check all that apply.

Write for the newsletter Conference planning/volunteer

Retreat planning/volunteer Executivne committee position

Assit with the webiste Other _____

Membership Desired

General (\$25/year) (\$50/2years)

Student (\$15/year) (\$30/2years)

Scholarship donation Total Amount Enclosed

Please write a check payable to SAMRM

Mail to: Bobbi Hopkins, SAMRM Treasurer

11723 E FM 580

Kemper, TX 76539, USA



Thank you for your interest in SAMRM