



**ACKERMAN INSTITUTE ALUMNI ASSOCIATION
MEMBERSHIP REGISTRATION 2015-2016**
*Alumni Association, Ackerman Institute for the Family
936 Broadway, 2nd Floor, New York, NY 10010*

Ackerman Institute Alumni Dues for 2015-2016: \$60
(July 1, 2015 – June 30, 2016)

PLEASE FILL OUT THIS FORM COMPLETELY.
Please email or mail form to:
*Alumni Association, Ackerman Institute for the Family
936 Broadway, 2nd Floor, New York, NY 10010
Email to: rtonthat@ackerman.org*

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Degree
Home Address	City	State	Zip Code
Home Phone	Email	Website	Ackerman Graduation Year

YES NO I want my email address to be listed with my private practice information in the Ackerman Alumni Directory on the Ackerman Institute website.

PROFESSIONAL INFORMATION

Professional Title	Name of Organization/Agency
Work Address (with City, State, Zip Code)	Office Phone

PRIVATE PRACTICE INFORMATION TO BE LISTED ON ACKERMAN WEBSITE AND WITH THE INTAKE DEPT.

Private Practice Address	City	State	Zip Code
Private Practice Phone	Private Practice Email		

Please check your area(s) of specialty/interest:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Affective Disorder | <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Children |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Couples | <input type="checkbox"/> Depression | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> EMDR | <input type="checkbox"/> Families | <input type="checkbox"/> Gay/Lesbian Issues |
| <input type="checkbox"/> Immigrant Families | <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Post-Trauma Stress | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Sex Therapy | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Trauma | <input type="checkbox"/> Violence/Phys Abuse |

Languages in which you are fluent:

Fee Range to YES NO I accept insurance.

Type of insurance accepted (list all):

Modalities: Couples Families Individuals Group

ACKERMAN INSTITUTE ALUMNI DUES: \$60

Option 1: Pay by Check

- Alumni Dues:	\$ <u> 60 </u>
- Contribution to be matched by the challenge grant, doubling my gift!	\$
- Total Amount	\$

Please make your check payable to the Ackerman Institute for the Family

Option 2: Pay online and make a donation to Alumni Dues/Challenge Grant

We will still need your information so please mail in your registration form.

Option 3: Pay by Credit Card

Visa	MasterCard	American Express
- Alumni Dues:		\$ <u> 60 </u>
- Contribution to be matched by the challenge grant, doubling my gift!		\$
- Total Amount		\$

Credit Card Number: Exp. Date Sec. Code

Name as it appears on Card:

Authorized Signature:

**THE ACKERMAN INSTITUTE IS COMMITTED TO GOING PAPERLESS IN THE FUTURE
SO PLEASE BE SURE TO INCLUDE YOUR EMAIL ADDRESS (ES)!
WE WANT TO STAY IN TOUCH WITH YOU!**