

**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