

**AMERICAN ASSOCIATION OF ANGER MANAGEMENT PROVIDERS**

**MEMBERSHIP RENEWAL FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
State License(s) or Certification  
(if any): \_\_\_\_\_  
Practicing Specialty: \_\_\_\_\_  
Professional Affiliations: \_\_\_\_\_  
Professional Liability Insurance: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fill out this form and send with:**

- Application renewal fee\* of \$100 for General Membership, \$150 for Fellow, or \$200 for Diplomate status (non-refundable) made out to AAAMP

\*General members are providers who have not been specifically trained in Anger Management but may still be providing it as a service.

\*Fellows are those who have been specifically trained in the field of Anger Management and have been providers for at least one year.

\*Diplomates are providers who have been specifically trained and have published works in the field of Anger Management

[www.aaamp.org](http://www.aaamp.org)

Return a signed copy to:

American Association of Anger Management Providers  
12301 Wilshire Blvd., Suite 418  
Brentwood, CA 90025  
310-207-3591

Once application is complete, please send a bio and picture of applicant via e-mail to [membership@aaamp.org](mailto:membership@aaamp.org)